

R.N.

February, 1953

As an R. N., Liz knew her stuff;

But her touch was unbearably rough!

Patients howled and screamed

Till with Pacquins she creamed;

Now her touch is the kind that men "luff"!





● Pacquins Hand Cream was developed especially for doctors and nurses who give their hands so many scrubbings. Now more women use Pacquins than any other hand cream! Use it for soft, lovely hands. For extra-dry skin, red label Pacquins—contains lanolin.

FOR DREAM HANDS, CREAM YOUR HANDS WITH

Pacquins *HAND CREAM*

On sale at all drug counters in U. S. and Canada

R.N. Contents — February, 1953

VOL. 16, NO. 5

EDITORIAL

R.N. Speaks: For a New Field of Vision, by Alice R. Clarke, R.N. . . 26
R. N. Panel on Nursing Economics—Part II 28
$100,000 for Research 31
When a Child's Eyes Cross, by Mary Ernsting, R.N. 32
The Man Behind the Plaque, by Frances Gibson, R.N. 34
The One Out of Ten 37
Nursing Grows in Brooklyn, by Frances Lewis, R.N. 38
Poem: Pity the Poor Psychiatrist, by Merle Perry, R.N. 41
The Antagonistic Ameba, by Althea Powers, R.N. 42
Probie, by Jo Brown 45
Candid Comments—Hold to Your Faith, by Janet M. Geister, R.N. . 48
Idea of the Month: Follow the Leader, by Myrtle E. Gallagher, R.N. . 55

DEPARTMENTS

Let's Meet R.N. Authors . . 2
Debits and Credits 7
Science Shorts 17
Drug Digest 46
Fashion Notes for Nurses . . 51
Reviewing the News 56
Positions Available 83

EDITORIAL STAFF
Alice R. Clarke, R.N., **editor**
Frances Lewis, R.N., **associate editor**
Barbara L. Swan, **managing editor**
Althea Powers, R.N., **assistant editor**

Jo Brown, **art director**

Francie Hughes, **fashion editor**

CONSULTANTS
Janet M. Geister, R.N.
Morton J. Rodman, Ph.D.

PUBLISHER
William L. Chapman, Jr.

Nancy C. Van Buren, **circulation manager**

COVER CREDITS: Photographer: Walter Herstatt; cap and pin: The Evangelical Deaconess Hospital School of Nursing, St. Louis, Mo.

ECA **R.N. February, 1953; Vol. 16, No. 5. Published monthly by The Nightingale Press, Inc., 210 Orchard St., East Rutherford, N.J. Subscription $1 a year, 25c a copy; Canada and foreign countries $3 a year. Entered as second class matter, Nov. 20, 1951, at the post office at Rutherford, N.J. under the act of March 3, 1879.** NBP **Copyright 1953, by The Nightingale Press, Inc.**

MARCH OF DIMES
FIGHT INFANTILE PARALYSIS

let's meet R.N. authors



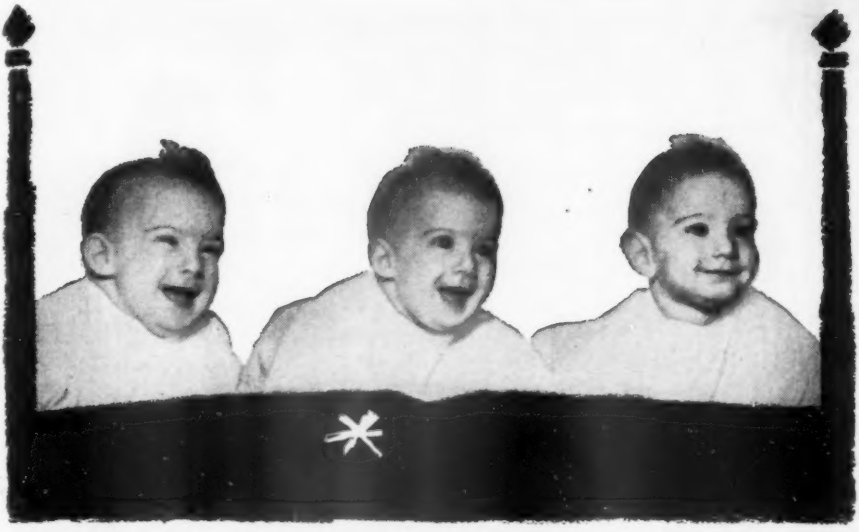
Married to a practicing ophthalmologist, Dr. H. C. Ernsting, **Mary Ernsting, R.N.** is well qualified to write "When a Child's Eyes Cross," on page 32. Presently engaged in nurse recruitment, Mrs. Ernsting has held offices in District 11 of the Ohio State Nurses Association, and has served as president and secretary-treasurer of her local (Clark County) unit of the American Cancer Society. She's a graduate of Christ Hospital School of Nursing, Cincinnati, and has worked as a general duty nurse, office nurse, nursing arts instructor, and assistant director of nurses.



Francis Gibson, R.N. is getting to be a familiar **R.N.** byline. In "The Man Behind the Plaque," on page 34, Miss Gibson has drawn upon her experiences while serving as a pediatrics instructor in a Southern hospital. A graduate of The Jewish Hospital School of Nursing of St. Louis, Mo., with an M.A. from the University of Oklahoma, she finds, or makes, time for writing as well as nursing.



On page 55 of this issue, **Myrtle E. Gallagher, R.N.** adds "Follow the Leader" to her long list of published articles. A graduate of St. John's Hospital School of Nursing, Fargo, N.D., she is the mother of four children who enjoys both her family and her writing. She is currently a student at Catholic University, Washington, D.C., studying for her B.S. degree in nursing. Mrs. Gallagher has done private duty and supervisory nursing, and also completed a six-month government appointment as health nurse at the Agriculture Research Center in Beltsville, Md.



✳ This identical triplet allergic to milk

MULL-SOY eliminated symptoms, gave superior weight and growth curves

From the Summary* "A case of gastrointestinal allergy caused by milk in one of a set of identical female triplets is reported. Elimination of milk from the diet of the allergic baby and substitution of soy milk caused a dramatic regression of symptoms, and weight gains which surpassed those of the non-allergic sisters."

From the Conclusions* "Milk allergy need no longer be the difficult infant feeding problem it was formerly. Complete elimination of milk and all milk-containing foods is feasible and desirable in milk allergy and can now be safely and simply carried out. The soy preparation (Mull-Soy) fed to Baby R gave weight and growth curves equal to and better than those of the two sisters fed a cow's milk formula."

*Sobel, S. H.: Milk Allergy in a case of Triplets, *Clin. Med.*, August 1952.

EASY — To prescribe — To take — To digest

MULL-SOY®

a liquid, homogenized, vacuum-packed food for all patients allergic to milk —infants, older children and adults.

Would you like additional information about Mull-Soy, and a copy of an attractive Mull-Soy Recipe Booklet? Write to Dept. RN-2

The **BORDEN** Company
Prescription Products Division
350 Madison Avenue New York 17



If your patient has a "?" about coffee–

If a patient faces having to give up coffee because he has a susceptibility to caffein, you may give him good news. New Extra-Rich Sanka Coffee can be enjoyed in perfect assurance that it will permit sound sleep and won't affect delicate nerves. That's because Sanka is 97% caffein-free.

And even better news—*New* Sanka Coffee is now every bit as good *or better-tasting* than the coffee your patient has been drinking in the past. Skeptical? Try it yourself and see. You'll make a taste discovery. And see if you don't sleep better, feel fresher next day, no matter how many cups you drink.

Like instant coffee convenience? Then make yourself a cup of New Instant Sanka—the *only* instant coffee that's caffein-free. A "fresh-brewed" flavor that's *delicious* . . . and, remember, it won't keep you awake!

SANKA COFFEE

MARVELOUS FULL-BODIED FLAVOR IN EITHER INSTANT OR REGULAR FORM

Products of General Foods



Johnson's
Baby Lotion
is now available in a new
plastic squeeze bottle...
as well as in familiar
glass bottle.



JOHNSON'S
BABY LOTION

Johnson & Johnson



Additive Effect

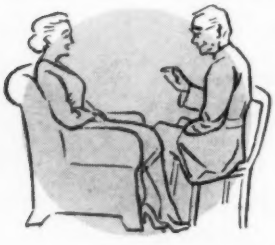
IN CONVERSION SYNDROME THERAPY



When psychic disturbances are converted into somatic manifestations, and fast relief of pain is needed in addition to sedation, consider Anacin. Long favored for its rapid analgesic effect over prolonged periods of time, Anacin, the dependable APC formula, offers extremely beneficial additive effect in conversion syndrome therapy. Patient tolerance to this fine product is excellent. If you would like to receive Anacin samples for patient distribution, simply write to:



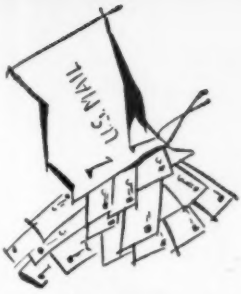
WHITEHALL PHARMACAL COMPANY
22 East 40th Street, New York 16, N. Y.



ANACIN

REG. U.S. PAT. OFF.





Debits and Credits

SCHOLARSHIPS

Dear Editor:

Many nursing groups are wondering what they can do to further nursing. The alumnae group of The Dalles Hospital School of Nursing solved their dilemma and would like to pass the solution on for other groups to imitate.

A yearly scholarship of $150 is to be awarded to an outstanding member of the graduating class of a senior high school. This money will be applied toward tuition at the training school of her choice. Any girl can apply from any accredited high school.

In 1952 the successful applicant was Donis Appling, chosen for her scholastic standing, personality, and special achievements.

We call our scholarship the Pearl Knebel Memorial Scholarship in honor of Pearl Knebel, R.N., a long-standing alumnae member who has been invalided for a number of years. Mrs. Knebel has held a career-long interest in nursing, particularly in young girls entering training.

The funds for this scholarship are raised separately from the regular dues. This year we held a raffle of electrical appliances, selling 2,000 tickets at 25 cents apiece. The results were startling. Alumnae members donated time and services and townspeople responded warmly by purchasing tickets. Other means of fund raising considered for future use are food sales, rummage sales, teas, coffee hours, and raffles of a similar nature legally acceptable.

We sincerely believe that many other alumnae or similar nursing groups could sponsor such an enterprise and find a practical and sure method of furthering nursing.

Our alumnae consists of forty active members.

(Mrs.) Evelyn Kaser, R.N.
PRESIDENT, THE DALLES HOSPITAL SCHOOL OF NURSING ALUMNAE,
THE DALLES, ORE.

HELPING HAND

Dear Editor:

This comes from an older nurse who has been receiving **R.N.** since 1939 and likes it better each year. Last June I was persuaded to take a Civil Service exam for public health nurses. **R.N.** issues from the past years provided most of the material I studied for this last exam, which I successfully passed. And at the age of fifty-nine years and eleven months I started to work again as a county health nurse. After several years of occasional gratis private duty, it is wonderful to be working

PERTUSSIN

for

COUGHS

The effect of PERTUSSIN'S active ingredient, Extract of Thyme (made by the unique Taeschner Process) is to:

- Relieve dryness by stimulating tracheobronchial glands and increasing natural secretions.
- Facilitate expulsion of viscid or infectious mucus.
- Exert a soothing and mild sedative effect on irritated mucous membranes.

PERTUSSIN is entirely free from harmful ingredients of any kind. It is well tolerated—without undesirable side action. It may be given to children and adults in large doses and is pleasant to take.

Samples on request

SEECK & KADE, Inc.

New York 13, N. Y.

regularly and feel that I am wanted and can still do a good job. Thanks to **R.N.** for helping me to pass that examination.

R.N., DIXON, MO.

FOR MORE EFFICIENCY

Dear Editor:

Last night I read an article in a magazine published for engineers and mining and excavation workers. The article described how a St. Louis, Missouri electric company served noon lunch to 1,000 employes in 30 minutes; only nine workers were needed in the kitchen. Why can't hospitals use some of these ideas?

Waiting for the elevator is another waste of time. Why can't hospitals use escalators? If department stores and subways can use them, why not our hospitals, large or small?

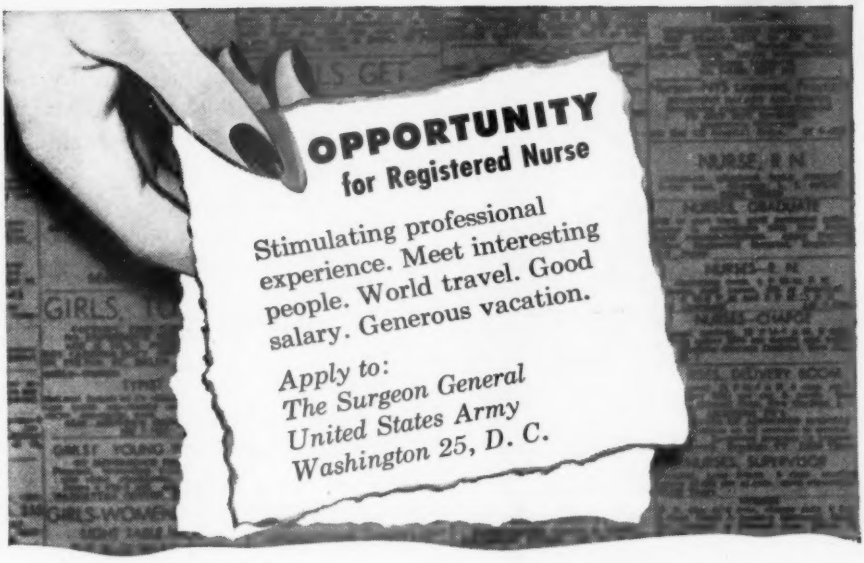
MARY C. LOWE, R.N.
WESTFIELD, MASS.

[*And may we add a query—why not contour sheets on beds of hospital patients?*—THE EDITORS]

STOCKINGS WANTED

Dear Editor:

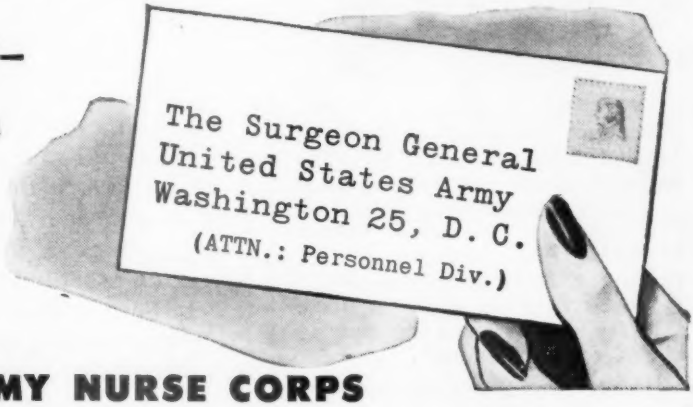
In my home town, an elderly lady of my acquaintance makes her livelihood by making corsages from old nylon stockings. She has found that by dyeing white nylon stockings she can attain lovely pastel shades, but her supply of white nylons is limited. I wonder if some of the readers of **R.N.** would be interested in tucking one or two of their old white



Let's suppose you answer this "ad"

If you like meeting new people and caring for a wide variety of patients—then you will find an exciting, new and satisfying life in the Army Nurse Corps. You serve as a commissioned officer, enjoying equal pay, equal rank, equal benefits with male officers. You will work with the finest and most modern equipment and you will travel all over the world. Most important of all, you'll be doing a vital job in the interest of your country.

DON'T WAIT—
write today
for details . . .



U. S. ARMY NURSE CORPS



for professional use

The 3-inch and 6-inch single-tipped hospital swabs are made especially for professional use. They conform to Federal Specifications GG-A-616.

for home use

Sterilized 3-inch, double-tipped Q-Tips® swabs are made for home use—for baby care and for applying prescribed preparations.

Q-TIPS INC., LONG ISLAND CITY, N. Y.

nylon stockings into an envelope and mailing them to me. I shall be very pleased to hand them on to the "Corsage Lady." Nylons with runs and snags are very acceptable for this purpose.

MRS. CHARLES BECK, R.N.
73 CARNEGIE AVE.
EAST ORANGE, N.J.

VALUE OF FREEDOM

Dear Editor:

To us, your old faithfuls, your "statement of policy" was not in the least necessary—but it was most appropriate for you to publish it. It is this very policy of yours—your freedom to evaluate events and proposals from an independent viewpoint—that has made you so valuable in helping the average rank and file nurse to help form opinions—not merely accept ready-made dicta from "leaders."

R.N., INGLEWOOD, CALIF.

ALL IN THE ATTITUDE

Dear Editor:

Do you mind if I state my candid opinion of the nurse aide and the practical nurse? I have worked with many during the past 25 years and I find them good and bad just as I find good and bad registered nurses. It is the attitude that accounts for most of the discontent and inefficiency that exists in both groups. Nurses do not dislike or disparage the practical nurse or the aide when she recognizes her place and performs the duties assigned to her to



Looking for natural B-complex in starting cereals?

B-Complex for your "normal" little patients →

Medical opinion today generally accepts the premise that brewers' yeast is one of the finest sources of B-complex. Not only does brewers' yeast supply important amounts of the known B-vitamins . . . but it also makes available most of the "unknown" factors. Also of importance in infant-feeding is the fact that the good-quality proteins of brewers' yeast supplement the cereal protein.

Three of Gerber's Starting Cereals—Barley, Oatmeal, and Cereal Food (wheat) — are supplemented with brewers' yeast . . . in addition to iron and calcium.

B-Complex for your allergic little patients →

Unique among hypo-allergenic, one-grain cereals for babies . . . Gerber's Rice Cereal has as its source of natural B-complex rice polishings . . . second only to brewers' yeast in value of known and unknown B-vitamins. Gerber's Rice Cereal is enriched with iron and calcium.

ACCEPTED FOODS AND NUTRITION WESTERN MEDICAL ASSOCIATION

FREE! →

Gerber's new Baby Foods Analysis Folder. Just write on your letterhead to Gerber's, Dept. 352-3, Fremont, Michigan.

Babies are our business... our only business →



Gerber's BABY FOODS

4 CEREALS • 50 STRAINED & JUNIOR FOODS, INCLUDING MEATS

the best of her ability. We respect her in her position as assistant to the nurse and recognize her importance in the overall hospital plan of patient care.

The aide hurts herself by her attitude of jealousy and resentment much more than she is ever actually wronged by the nurse who depends on her for assistance.

(Mrs.) Edith Fulton, R.N.
OAKLAND, CALIF.

NO AIDES IN O. R.

Dear Editor:

I wholeheartedly agree with the writer of the July D & C letter who questioned the use of technicians and aides as scrub nurses in hospital operating rooms. I have been an O.R. nurse for several years, and am presently an O.R. supervisor. At no time during those years have I seen a case where the use of an aide or technician could replace a competent, well-trained R.N. as a scrub nurse. Where else in her course of training does a student nurse learn the basic principles of sterility, the need for initiative, quick thinking, and a sense of team work? The knowledge gained in the O.R. is needed later when a student nurse is called upon to work in the delivery room, emergency room, and central supply; in fact, it proves useful throughout any career of nursing. Operating room nursing is a specialized field for which most nurses spend long months of postgraduate preparation. If this course of O.R.



9 out of 10 cases cleared up or definitely improved

A new scientific medication called CLEARASIL has proved so effective that it brings entirely new hope to pimple sufferers. In skin specialists' tests on 202 patients, 9 out of every 10 cases were cleared up or definitely improved.*

CLEARASIL combines sulphur and resorcinol in a revolutionary greaseless, quick-drying base that works to dry up pimples. *Antiseptic*, stops growth of bacteria that can cause or spread pimples. Pleasant to use. Won't stain clothing or other fabrics. Each package contains an authoritative, helpful leaflet on general skin hygiene and living habits. You can recommend CLEARASIL with confidence. 59¢ at all druggists with money-back guarantee of satisfaction.

For FREE PROFESSIONAL SAMPLE and copy of clinical report, write Eastco, Inc., Box 12-RN, White Plains, N. Y.

Guaranteed by Good Housekeeping

*Original clinical reports in our files.

it's the *healing* influence

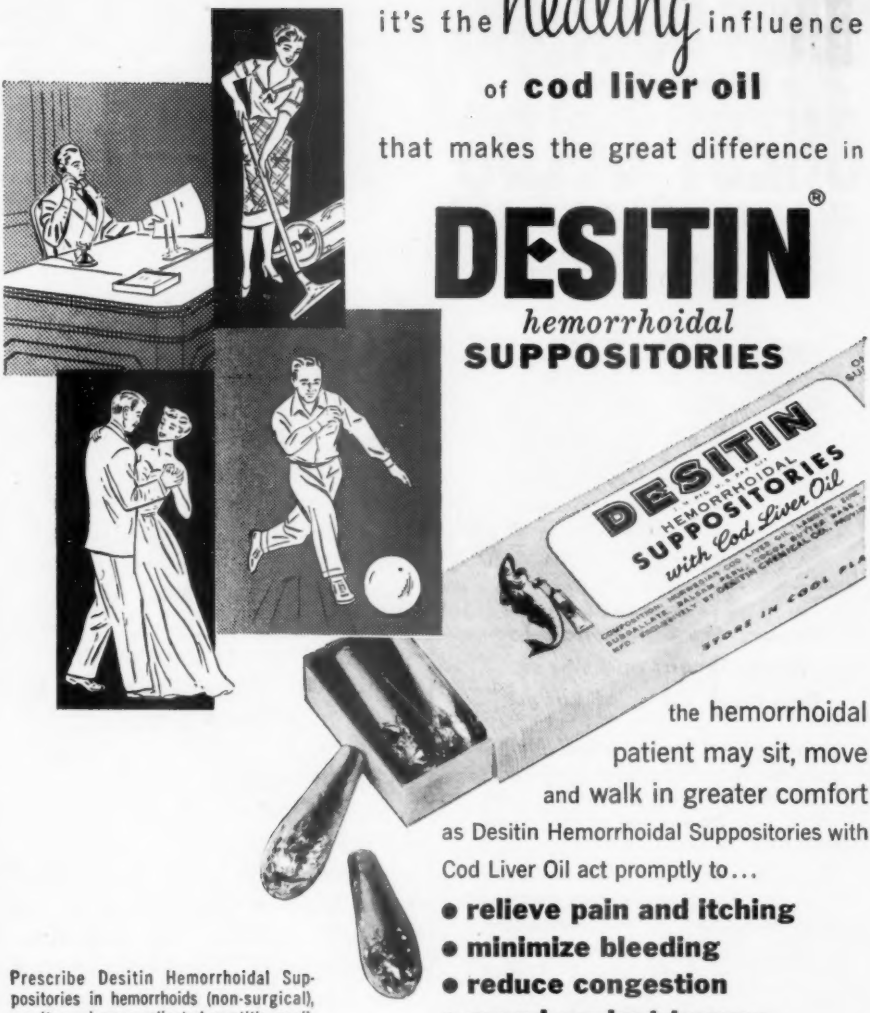
of **cod liver oil**

that makes the great difference in

DESITIN®

hemorrhoidal

SUPPOSITORIES



the hemorrhoidal patient may sit, move and walk in greater comfort as Desitin Hemorrhoidal Suppositories with Cod Liver Oil act promptly to...

- **relieve pain and itching**
- **minimize bleeding**
- **reduce congestion**
- **guard against trauma**
- **promote healing** by virtue of their contents of high grade crude Norwegian cod liver oil, rich in vitamins A and D and unsaturated fatty acids (in proper ratio for maximum efficacy).

Prescribe Desitin Hemorrhoidal Suppositories in hemorrhoids (non-surgical), pruritus ani, uncomplicated cryptitis, papillitis, and proctitis.



Composition: crude Norwegian cod liver oil, lanolin, zinc oxide, bismuth subgallate, balsam peru, cocoa butter base. No narcotic or anesthetic drugs to mask rectal disease. Boxes of 12 foil-wrapped suppositories.

Send for **samples**

DESITIN CHEMICAL COMPANY ●

70 Ship Street • Providence 2, R. I.

Recommended By Many Leading
BABY DOCTORS
to relieve distress of
CHEST COLDS



Breaks Up Congestion in Nose, Throat and Upper Bronchial Tubes of Lungs!

A number of baby doctors today are recommending Musterole for kiddies to promptly relieve coughs, sore throat and break up painful local congestion of chest colds.

Musterole contains powerful pain-relieving oil of mustard, camphorated oil, menthol and methyl salicylate—all in a white, stainless rub which acts just like a poultice to relieve the inflammation. It creates a wonderful sensation of protective *warmth* on chest, throat and back—bringing amazing relief! Just rub it on!

In 3 strengths: Children's Mild, Regular and Extra Strong Musterole for adults.

MUSTEROLE
®

training is removed from the student nurses' curriculum, where will the interest for this type of nursing among R.N.'s come from, and where will girls obtain the necessary fundamental experience needed to enter most postgraduate courses in this specialty?

R.N., FALL RIVER, MASS.

OLD WAYS BEST

Dear Editor:

Your journal presents the truth to the professional nurses, and your editorials are most valuable to those nurses who prefer to think for themselves.

Also, your stand in favor of private duty nursing is very sensible, I believe. It seems to me, in peacetime, that the general welfare of patients is best achieved by the old system of private duty nursing.

IRENE HILLMAN, R.N.
QUINCY, ILL.

PLEASE WRITE

Dear Editor:

There seems to be a nationwide need for a confidential moral and spiritual counselor for unfortunate young women. I would like to establish this sort of service and later start a home for unmarried pregnant girls. I would appreciate hearing from nurses who have had counseling experience in this special field of work.

MRS. HAROLD DUNLAP, R.N.
712 COURT ST.
NEW CASTLE, PA.



YODORA

the beauty-cream deodorant

"Not one single case of under arm skin irritation!"

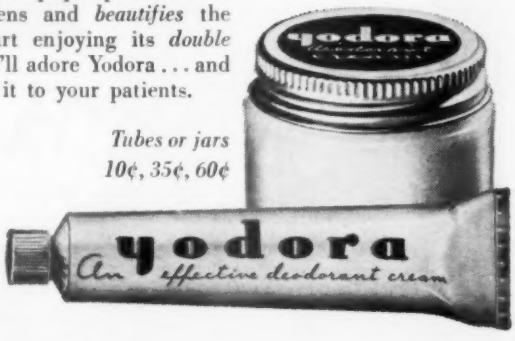
A recent four-week test, supervised by a leading skin specialist, showed not one single case of under arm skin irritation from using Yodora...even when applied immediately after shaving.

Made with a fine, pure face cream base, Yodora contains no strong acid salts. Used daily, Yodora not only stops perspiration odor effectively, but softens and *beautifies* the under arm skin. Start enjoying its *double protection* today. You'll adore Yodora . . . and want to recommend it to your patients.

ACCEPTED COMMITTEE ON COSMETICS AMERICAN MEDICAL ASSOCIATION

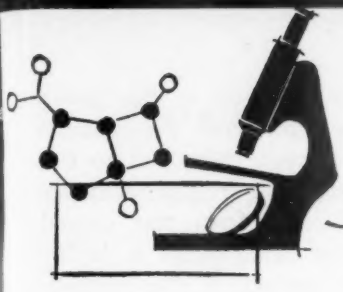
REPLACEMENT OR REFUND OF MONEY Guaranteed by Good Housekeeping IF NOT AS ADVERTISED THEREIN

Tubes or jars
10¢, 35¢, 60¢



PRODUCT OF McKESSON & ROBBINS, INC., BRIDGEPORT, CONN.


Add Fashion
TO YOUR
Profession!
Be crisp and charming in Sanforized Poplin . . . with easy-action yoke back, trim one-inch waistband, multi-gored skirt. Sizes 10 to 18, 9 to 15.
Style 3896, about $8.00
Style 0896, short sleeves.
Also in Nylon Taffeta,
Style 1504, about $15.00
Style 1505, short sleeves.
At most leading stores; write us for style folder.
Bob Evans
the Aristocrat of Uniforms
Bob Evans Uniform Co.
1510 Harford Avenue
Baltimore 3, Maryland



Science Shorts

The "thermatron," an electronic temperature-taking instrument reportedly twice as accurate as a doctor's thermometer and 60 times as fast, was demonstrated last November in Philadelphia. Especially designed by the Minneapolis-Honeywell Regulator Co. to speed up the processing of blood donors, the "thermatron" will register an individual's temperature in less than four-and one-half seconds. Dr. William T. Lineberry, medical director for the Philadelphia Regional Blood Center of the ARC, said that an average of eight donors per 15 minutes can be cared for during the temperature-taking phase of the examinations when an ordinary clinical thermometer is used; with the "thermatron," it is possible to care for eight donors in less than one minute.

*

A method for the total synthesis of cortisone from common chemicals found in coal tar has been devised by Merck & Co. researchers.

*

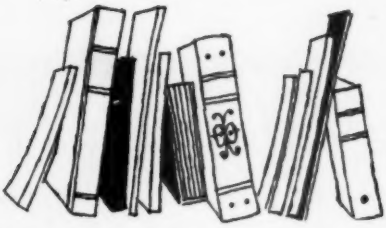
Accurate determination of the sex of a baby before its birth may become possible in the near future, but the *American Journal of Pediatrics* expresses doubts as to the value of such predetermination, stating that this knowledge might even prove harmful in cases where the parents-to-be are disappointed in the sex of the child. The *Journal,* in commenting that the mother may, during the waiting period, develop a deep-seated rejecting attitude toward the child and that the rejection may persist, points out that when the sex of the infant is not known until after birth, the disappointment is, as a rule, short-lived.

*

As of Jan. 1, 1952, the general care bed capacity of hospitals in New York City was 33,463. This represented an addition of 800 beds between the years 1950 and 1952, the Hospital Council of Greater New York has disclosed.

*

Preliminary results, as of October, 1952, of a series of field tests to evaluate the use of Red Cross gamma globulin as a prophylactic agent against polio show that significant protection was afforded by the gamma globulin, a *JAMA* article reports. There were 90 diagnosed cases of paralytic polio among the 54,772 children taking part in the tests financed by the National Foundation for Infantile Paralysis. One-half of the children received the gamma globulin and one-half received a solution of gelatin. During the first week after injection the severity of the paralysis appeared to



an authoritative opinion, widely shared on

EURAX

Cream

... the rapidly effective, long-acting antipruritic

"... a satisfactory antipruritic, superior in most cases to more familiar ones, apparently without toxicity, and possessing a low index of irritation and sensitization. Its sustained period of effectiveness and tendency not to 'wear out' are definite assets."

Hitch, J. M.: North Carolina M. J. *12*:548, 1951.

regardless of cause... if it itches



EURAX® Cream (brand of crotamiton cream) contains 10% N-ethyl-o-crotonotoluide in a vanishing cream base. Tubes of 20 Gm. and 60 Gm. and jars of 1 lb.

Geigy

GEIGY PHARMACEUTICALS

Division of Geigy Company, Inc.

220 Church Street, New York 13, N.Y.

In Canada: Geigy (Canada) Limited, Montreal

have been modified in the group which had received the gamma globulin although there was no significant reduction in the incidence of the disease; from the second through the fifth weeks a highly significant protection was demonstrated; and after the fifth week the protection was less in evidence. However, a longer follow-up period may result in more definite conclusions regarding the action of globulin after the fifth week.

*

Census Bureau data shows that spinsters are becoming increasingly scarce in the U.S., Metropolitan Life Insurance Company statisticians aver. They point out that a much greater rise in the proportion of ever-married (which includes widowed and divorced) women has been noted in the past 11 *years than in the half century preceding* 1940.

*

Children with ringworm of the scalp (tinea capitis) are no longer excluded from New York City schools. Reversing a practice in effect since 1943, new regulations permit children who have the infection to remain in class, if they are under medical treatment. Dr. I. H. Goldberger, director of health education in the city's schools, states that the disease is mild, self-limiting, and has no serious after-effects.

*

About 5,000 children between the ages of one and four are killed annually by accidents, Dr. George M. Wheatley, New York pediatrician, reports in Today's Health.

here's help for FRAGILE FINGER NAILS!



(Top) Case No. 1: Before treatment

(Bottom) Same case following treatment



A preliminary report of a recent clinical study[1] on 12 patients complaining of soft, peeling, easily broken finger nails, confirms the value of gelatine in treatment of such conditions. The cases involved were of 1 to 15 years' duration, unyielding to various forms of local therapy.

Each patient was given 7 gms. (1 envelope) of Knox Gelatine daily, dissolved in water or fruit juice. Completely normal appearance of nails in ten cases is reported in 13 weeks.

Knox Gelatine U.S.P. is 85% pure protein. Easily taken. Easily digested. Most economical. A valuable dietary aid in many conditions.

THE EFFECT OF GELATINE ON FRAGILE FINGER NAILS, a brochure indicating the ever-expanding usefulness of Knox Gelatine in certain dietary deficiency conditions is yours free on request. Write KNOX GELATINE, Dept. RN Johnstown, N. Y.

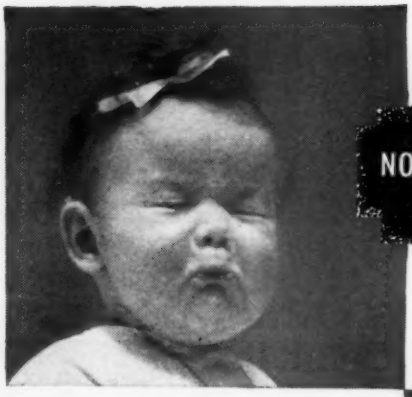
1. Tyson, T.L., M.D.; *Jl. Inves. Derm.; 14. No. 5 May 1950.*

Available at grocery stores in convenient 4-envelope and 32-envelope economy size packages.



KNOX
Gelatine U.S.P.

ALL PROTEIN NO SUGAR



NO SPIT-OUTS, PUCKERED MOUTHS, OR PROTEST

with

CRYSTAR

ONE-GRAIN ASPIRIN

TASTELESS ASPIRIN IN POWDER FORM FOR CHILDREN

TASTELESS!
DISSOLVES READILY IN CHILD'S FAVORITE LIQUID!

With CRYSTAR, tasteless aspirin in powdered form, you are assured accurate dosage. CRYSTAR, in individual tamper-proof packets, cannot be mistaken for candy. CRYSTAR dissolves readily in the child's favorite drink. That's why you, when taking care of little tots, will welcome CRYSTAR. Supplied in one-grain packets, boxes of 24, at pharmacies everywhere. CRYSTAR is regularly promoted and detailed to physicians.



Clip and mail the coupon below and discover for yourself the many advantages of CRYSTAR.

THE ARMOUR LABORATORIES CHICAGO 11, ILLINOIS

-world-wide dependability-

®PHYSIOLOGIC THERAPEUTICS THROUGH BIORESEARCH

CLIP THIS COUPON

The Armour Laboratories, 520 N. Michigan Avenue, Chicago 11, Illinois

Please send me, without charge, a sample supply of CRYSTAR — the new tasteless aspirin in powder form.

NAME_____ R.N.

ADDRESS_____

CITY_____ STATE_____

5 out of 6 gynecologists approve tampons, like Meds, for normal women



. . . according to a recent national survey made by the Johnson & Johnson Research Foundation of 900 leading gynecologists and obstetricians.

In this same survey 4 out of 5 doctors reported that it is safe to swim during menstruation provided the water is not too cold. Also, when Meds are worn, you can shower, bathe.

Meds Were Perfected by a Gynecologist

. . . and are made of snowy white, highly absorbent, surgical cotton, and each is individually wrapped for additional protection. They are easier, quicker to insert, thanks to the new, improved applicator. Meds, the Modess tampon, are made by one of the most trusted names in the hygiene field.

Meds Provide Comfort

. . . assurance, undreamed-of peace of mind. They come in Junior, Regular and Super sizes. Since they are worn internally, they eliminate pads, pins, belts . . . end chafing and odor.

Single Girls Can Use Meds

. . . thousands and thousands of them do every month since the use of Meds in no way changes the physical structure. Because we are so sure that you too will like Meds once you've tried them, we want you to do so at our expense. In addition, you and your friends may like copies of the educational booklet on menstruation "It's So Much Easier When You Know." For FREE copies and Meds sample just fill out and mail the coupon below.



Olive Crenning
Nursing Consultant
Personal Products Corp.
Dept. RN-2, Milltown, New Jersey

Please send me your Meds booklet and sample. (Check size) Junior___, Regular ___, Super___. (One to a family. U.S. only.)

Name_____

Address_____

City_____

State_____



BY DROPPER...



SPRAY...



TAMPON...



DISPLACEMENT...

In Colds... Sinusitis

Neo-Synephrine hydrochloride is widely preferred as a decongestant in all stages of the common cold, sinusitis and allergic rhinitis because of its rapid and sustained action, virtual absence of sting, lack of appreciable interference with ciliary activity, virtual absence of congestive rebound and undiminished effectiveness on repeated use.

As to use of nose drops or sprays, I have about come to the conclusion that Neo-Synephrine is one of the best for all purposes.[1] "... will produce exceedingly rapid and prolonged results."[2] "... action is sustained for two hours or more."[3]

Prompt and Prolonged Nasal Decongestion

Neo-Synephrine®

HYDROCHLORIDE

¼% solution (plain and *aromatic*), 1 oz. bottles
½ and 1% solutions (when stronger vasoconstrictive action is needed), 1 oz. bottles
½% water soluble jelly, ⅝ oz. tubes

Winthrop-Stearns INC.

NEW YORK 18, N. Y. WINDSOR, ONT.

Neo-Synephrine, trademark reg. U.S. & Canada, brand of phenylephrine

1. Warren, William C., Jr.: *South. Med. Jour.*, 44:449, May, 1951.
2. Voorhees, Darrell G.: *Ann. Otol. Rhin. & Laryng.*, 60:92, Mar., 1951.
3. Kelley, Samuel F.: In Gold, Harry, et al.: Cornell Conferences on Therapy. New York, Macmillan Co., 1947, vol. 2, p. 156.



DAILY MIRACLES

NOT all outpatients can behave as enthusiastically as those the artist has depicted—and perhaps this is just as well. However, miracles are being performed daily by means of PERIHEMIN* Iron-B_{12}-C-Folic Acid-Stomach-Liver Fraction *Lederle*, an all-purpose hematinic for iron-deficient and the common megaloblastic anemias.

PERIHEMIN is useful not only in the treatment of the frank anemias, but also in convalescence, in preparation for surgery, postoperatively, and in the anemias of malnutrition that not infrequently develop during the later decades of life.

PERIHEMIN is available in 3 forms, to provide optimal dosage for adults and children; and to suit the taste of those who prefer a liquid medication.

PERIHEMIN CAPSULES:
Bottles of 100, 500 and 1,000.

PERIHEMIN-JR CAPSULES:
Bottles of 100 and 1,000.

PERIHEMIN LIQUID:
Bottles of 16 fluid ounces.

**Reg. U.S. Pat. Off.*

LEDERLE LABORATORIES DIVISION

AMERICAN Cyanamid COMPANY

30 Rockefeller Plaza, New York 20, N. Y.

76% Cases of PSORIASIS responded to RIASOL



A well-known dermatologist states of psoriasis that "the disease is exceedingly resistant to treatment." Yet in a clinical test with RIASOL there was improvement in 76% cases, as compared with a report of only 16½% remissions in a series of 231 cases with other types of treatment.

In 8 typical cases of psoriasis treated with RIASOL, the skin lesions cleared up in an average of 7.6 weeks. Even severe cases responded favorably to RIASOL.

Many physicians with psoriasis have used RIASOL personally and reported excellent results. In winter, when psoriasis is most difficult, we suggest you try RIASOL in a stubborn case.

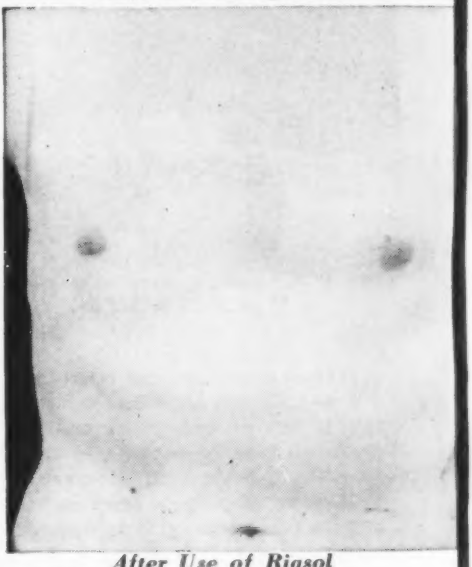
RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

Ethically promoted RIASOL is supplied in 4 and 8 fld. oz. bottles at pharmacies or direct.



Before Use of Riasol



After Use of Riasol

MAIL COUPON TODAY—TEST RIASOL YOURSELF



SHIELD LABORATORIES
12850 Mansfield Ave., Detroit 27, Mich.

Please print name and address plainly. Not sent without Reg. No. R.N. 2-53

Please send me professional literature and generous clinical package of RIASOL.

..... R.N. Reg. No. .....

Street .....

City ..... Zone ..... State .....

RIASOL FOR PSORIASIS



How to open the new COLOR-BREAK* ampul

The new Color-Break Ampuls are easy and safe for you or the doctor to open

Just hold one as you would an ordinary ampul.

Put pressure on the top as you always have with ampuls.

Snap! You've made a clean, easy break and the ampul is ready to use.

No filing
No scoring
No sawing

Just snap. And Color-Break Ampuls are ready for use.

Color-Break Ampuls are Neutra-glas Ampuls. And, they are coming off the filling lines of many producers of parenteral solutions. When you get a carton of them, remember: with patented Color-Break Ampuls, just snap off the top. There is no filing, no scoring, no sawing.

*Color-Break is a trade mark of the Kimble Glass Company

KIMBLE GLASS COMPANY • Toledo 1, Ohio • Subsidiary of Owens-Illinois Glass Company

R.N. speaks: For a New

■ GOOD NURSES everywhere, in every specialty, on every level from students to directors, are genuinely concerned over "what's happening to nursing" in the name of progress. The newer underlying philosophy of what determines progress has involved our profession in a controversy far deeper than any we have ever been called upon to face before. This philosophy, in substance, requires for its success that nurses be amenable to adapting to an entirely different pattern of behavior. Psychologically, any change in basic behavior patterns necessitates an acceptance and assimilation of a new set of ideas and creates new channels of thinking. This does not come easy.

The nursing profession is essentially engaged in a battle of ideas; therefore, the questioning, the balking, the rebelliousness, the unrest among nurses. Different approaches and opposing solutions are being pitted against each other. One group tries to dominate another. One idea tries vainly to get its antagonist to compromise. The outcome is frequently frustration. Nurses sense the dissatisfactions with the solutions and the disharmony among the conferees. And they are worried.

Common sense tells us that for harmony we need an honest integration of all points of view, not domination nor compromise. When we dominate, we alienate. When we compromise, both sides give up something desired—which eventually leads to a renewal of negotiations—and "sides" remain.

We have consumed much energy and precious time learning the techniques of how to pit our strength—our numbers—against those who do not share our points of view. We have entered the majority of policy-making conferences with a "nurse versus" attitude. What have we accomplished? We have failed to bring the profession out of its crisis. We have failed to win supporters to our way of thinking. But we have succeeded in antagonizing our allied groups; in splitting nurses' ranks, and in jeopardizing nurses' professional and economic futures. We have, in short, been successful in creating more problems than we have solved. How? By mishandling the most complex of complexities, human relations.

Those who speak and act for nurses need a new set of attitudes—more so than do the nurses whom they represent. All of us need to

learn the important arts of discussion, coordinating thinking, and "co-action." We need to employ more cooperative *joint* thinking and planning and less of the "fight" psychology and coercion in all of our conferences.

True, many times our ideas and aspirations are in conflict with those with whom we must confer. But conflict need not necessarily be eliminated before progress can be made. Conflict *can* lead to progress, if it can be kept constructive. As conflict is and can be evidence of difference, so that difference can be a challenge to progress without its being a signal to choose sides or throw down a gauntlet.

Our profession's mistake is that our spokesmen have tried to solve our problems by treating conflict as if it were only and always destructive. We have tried to eliminate it by fighting it. We have been deploying our numbers in the mistaken idea that therein lay our strength, rather than utilizing the appeal of our fact-backed desires and goals.

In the health field, of which we are a part, we all have predominantly the same ultimate goals, the same desires, but we differ on the ways and means of satisfying those desires, and reaching those goals. In some rare instances our desires and goals may not be mutual—in fact, they may be incompatible—but for the most part they are mutual, and our differences *can* be reconciled.

How do we go about this reconciliation? Not by lining up on "sides" as we have been prone to do. We cannot expect an utopian reversal of opinion among all those who disagree with our aims, but if we in all honesty try to bring our differences and our agreements out into the open to discuss them with the idea of *integration* rather than *domination* or *compromise,* we can't help but agree on many satisfactory answers. And if we are ever to come to a meeting of minds on some of nursing's frustrating problems, the submerged as well as the apparent objectives must be brought to the surface for open discussion. For in many instances, it has been the submerged goal or aim, like the hidden portion of the iceberg, that has created irreconcilable antagonism and misunderstanding, causing serious roadblocks to agreement.

There is, however, one word of warning in [*Continued on page* 68]

R.N. PANEL ON NURSING ECONOMICS

PART II

Last month we presented part I of an edited version of a panel discussion on the subject of nursing economics which **R.N.***'s editor conducted in September with three representatives of the field of hospital administration. The discussion in the January issue ended with the introduction of the subject of the "nursing team," with Mr. Payne raising the question of whether this concept of patient care would not result in the general duty nurse assuming the functions of a head nurse rather than administering direct bedside care.*

Mr. Payne: Well now, it's all right to talk about having nursing teams with registered nurses providing you're talking about a large hospital with large divisions. But when you're talking about a small hospital of 20-25 beds, 50 beds, or 100 beds, some of those places don't have but one registered nurse on duty all night long and all afternoon long, and some of them don't have any. The Hill-Burton Act has caused many hospitals to be built today, and many of them have no more than one or two registered nurses. So you're talking in theory only and it will not work from a practical standpoint. The registered nurse in the hospital today in our part of the country is good for a head nurse or a supervisor and we use her for that.

Mr. Jones: I think there's a very practical matter in the small hospital that we all lose sight of. In the small hospital with no residents, no interns, the nurse has to take over many medical duties which she never thinks of doing in a large hospital with a house staff. Therefore, actually, the best professional nurses should be in the small hospitals where they have a lot more to do. And yet just the reverse is the situation. We have practical nurses and nurse aides in the small hospital doing things which in most hospitals would only be done by professional nurses. This is a peculiar situation and it is not good at all.

Miss Clarke: I think it all boils down to the fact that we know we have fewer registered nurses—whether we're thinking of the three-year or the university graduate. And we're not going to get very many more. I don't think we'll ever have enough to staff hospitals as they were staffed

by registered nurses in the past. Therefore, the whole concept of nursing care has changed. This team concept has come in to try to help hospitals utilize the few registered nurses they have. Now whatever title you give that particular registered nurse who's in charge of practical nurses and aides and orderlies, or any of those people or personnel who make up the team, her salary should be in relationship to her responsibilities and to the salary of those others in the team, in order to keep her. My other point is this: you're bringing in practical nurses to fill the gap, but while you're doing that you're siphoning off your top people—your educated nurses—and they're going into other fields for the simple reason that you cannot bring their salaries up to what they should be in comparison to positions of similar responsibility in other fields.

Nursing Costs

Now I know of hospitals in the New York area where patients are charged for general duty care. These hospitals have been able to do a cost analysis so that they know what proportion of the hospital bill is apportioned to nursing service and what proportion to pharmaceuticals, board and room, and things like that. So, say that a hospital charges $4 or $5 a day for nursing care. When a patient goes off floor care on special duty or private duty care he is not charged for floor care on those days. When he goes back onto floor care he is charged for it. If that type of analysis can be done, why is it that we couldn't possibly think of getting prepaid nursing—including nursing service in medical care plans so that all nursing service could be covered?

Mr. Rankin: Before that's answered, I'd like to say that my guess is that over half of the patients hospitalized today are not paid for by any plan, and are paid for by government, either the Federal government or the city or county government, on an appropriation basis in which case such possibilities couldn't exist.

Mr. Payne: I'd like to answer your question about the nursing charge. We started an experiment at our new hospital in Tyler, Texas, last fall, trying to put our charges where our costs were. In order to do it, we had to run the room, board, and bed care charge to the patient way up high —about 60 per cent or better of our charge to the patient would have been that one item. But we found we could lower the charges on the ancillary services to where they would only bring us about 35-40 per cent of our income. In order to try to keep this system equitable—in order to try to keep our heads above the water and to make it possible for the public to compare our room rates with hotel rates and other hospitals—we divided room, board, and bed care into two charges. We made room and board one charge, which is very easily compared with hotel room and board, and it worked out beautifully. Then we created a new charge called patient care. Patient care not only included the nursing cost—and I think we ought to dignify the nursing cost and let the public know how much money nursing service costs—

we included the cost of routine medicines, ward supplies, and all the hypodermics and narcotics. We included the cost of oxygen to the patient. Whether they needed oxygen or not all patients paid a small amount.

Miss Clarke: Prepaid oxygen?

Mr. Payne: Yes, it actually amounted to an insurance against having to use oxygen. It cost twenty-five cents a day and it saved some patients $600 to $700.

Our idea was to put in a balanced system of charges and at the same time to dignify the cost to the hospital of our nurses' salaries. Let the public know that nurses are paid. Let them know where the charge is—it's been a hidden charge all the years past. You'd be surprised how well this system was accepted by patients who paid their bills out of their pockets. The only difficulty we had, and the thing that caused us to have to stop this system, temporarily we hope, was the fact that some patients had certain types of insurance that required us to itemize every little routine medicine and item that they had, every hypodermic, and we had no books on these costs.

As long as we hide our nursing cost and don't tell the public about it, it's going to be very difficult to get enough money to pay a nurse what we ought to pay her. But once we bring it out into the open, through this method or some other method, the public's going to be willing to pay the nurse. People always mention their nurse when they're talking about their hospital care. And they're willing to pay her *if* they know what it costs.

Miss Clarke: I would think that if more hospitals experimented with that sort of public education program it would do nursing much more service than anything else that's been thought of. The opposition we run into in trying to sell prepaid nursing service is that nobody has any idea how much it costs.

Mr. Jones: We're getting a long way away from collective bargaining on the part of state nurses associations. *But* everything we're saying illustrates the difficulty of bargaining with anybody for salaries in a hospital because for so long nobody has known what each individual item of service to a patient costs. And if you don't know what you're talking about on costs, it's very difficult to set salary rates.

Cost of Nursing Education

Mr. Rankin: Another thing I don't believe the public generally understands is that the cost of nurse education is paid for now by patients or by third parties paying for medical care. They not only don't understand who pays for it but they don't understand how much it costs. In some recent surveys that I've seen, the annual cost of nurse education has been anywhere from $1,200 to $1,500 above the value of the nurse services, computed on what we thought was an equitable basis. I think the public must realize that nurse education is a community responsibility. The one hospital town with a training school providing nurses for the public health department, [*Continued on page* 71]

$100,000 for Research

■ A GRANT of $100,000 has been made by the Rockefeller Foundation to the Division of Nursing Education at Teachers College, Columbia University, to establish a center for the administration of a program of research, experimentation, and field service in nursing education, it was announced on July 12 by Dr. R. Louise McManus, division director.

The center started work on Sept. 1, 1952, and over a five-year period will study major problems in nursing service and nursing education in the United States. It is believed the first to be organized at a college or university solely for studying nursing. Dr. McManus said it will be somewhat comparable to research agencies serving education for the medical, engineering and other professions at present.

It will give immediate attention to the critical need for improving and increasing nursing service in the country, including the hospital, professional, military, practical and home nursing fields, and will work closely with the new National League for Nursing and other professional organizations.

The center is also expected to "enrich the Teachers College nursing program by expanding its facilities as a graduate school," Dr. McManus said. The college's nursing education division was the first set up in an American higher institution of learning. It has an annual enrollment of nine hundred graduate nurses.

The long-term program of the center will be based on five main activities, listed by Dr. McManus as follows:

1. Conduct studies and experiments to determine the functions of nursing and the best use of nursing personnel and, where necessary, redesign the form and content of courses for inservice, practical, technical, basic professional and graduate nursing education. New programs will be developed for special needs.

2. Provide consultant service to selected nursing schools and agencies whose programs may exert wide influence for nursing's advancement.

3. Organize field studies on problems of individual nursing schools and agencies and help them find solutions and evaluate results.

4. Distribute, through reports, conferences and publications, research findings and field-experience information that may improve nursing education and service.

5. Contribute to the training of a selected group of future leaders in nursing research and education.

The center [*Continued on page* 80]



toxic upset; consequently, we saw no reason to consult an eye physician."

But this wasn't the end of the story. In a few days the parents noted a recurrence of the crossing, and from that time on in a bewildering and irregular manner the eyes were found to cross. As time passed and the eyes crossed more often, the parents were finally forced to admit their child was cross-eyed.

"Our friends tried to help by assuring us that most children outgrew cross-eyes," the mother confided. She hesitated momentarily as she relived

WHEN A CHILD'S EYES CROSS

■ SINCE STRABISMUS, commonly known as cross-eyes, often begins as an indefinite or only occasional crossing, the family that is confronted by such a condition is apt either to ignore or minimize these warning signs. Furthermore, a widespread and erroneous idea exists among the laity that many children "outgrow" cross-eyes.

Let's consider the case of a child who was eighteen months old when his cross-eyed condition was first noticed. The parents, while they played with the youngster one night noticed that one eye was crossed.

"We were terrified," the mother reported. "We didn't sleep a wink that night, and when morning came, we, fearfully, examined him. To our relief, his eyes were again straight. We attributed the crossing that we had seen the night before to a slight a depressing memory, then continued thoughtfully, "But it didn't work out that way for us. We found that our baby's eyes kept getting worse."

Fortunately, with treatment, this case turned out successfully, but other children have not been as lucky. Rarely, if ever, will a child "outgrow" a cross-eyed condition, and frequently, such a child will end up with a very weak eye, the sight of which cannot be improved.

The nurse who is a friend or acquaintance of the afflicted is often in a position to advise intelligently and overcome the dangers of hearsay and improper advice on treating this eye condition.

The type of strabismus that is present determines, to some extent, the treatment indicated. For purposes of review, the following types

may be briefly considered. The paralytic type, in which a temporary or permanent paralysis exists is not common and therefore will not be considered here. On the other hand, the non-paralytic type is quite common and may be occasional or constant in appearance, involving one or both eyes.

The two-eyed or alternating cross-eye is the rarer of the two groups of non-paralytic cross-eye. In this type, first one eye is turned in, then it straightens as the other eye is turned in. This is done in an al-

by Mary Ernsting, R.N.

ternating manner, depending on which eye is used to look at or to fix an object. The eye that is being used to fix an object is the straight one at the time. The sight is often good and is usually about the same in each eye. However, fusion is not present and it cannot be developed; the two eyes will never work together. In order to correct and straighten these eyes, surgery must be employed, sooner or later.

More frequently seen is the one-eyed, non-paralytic cross-eye. Here, the eye that turns in generally has poorer vision than the other eye, and often, both eyes, especially the deviating one, will show a considerable refractive error. Fusion may remain undeveloped, but under favorable conditions both eyes may be taught to work together. The treatment of this type will vary with the individual case, but some general idea may be obtained from a few general principles. Treatment is directed toward more than straightening of the eyes; it is aimed at developing fusion and improving vision too. Certainly, the earlier cases are treated, the more likely they are to be corrected.

Glasses are often found to be necessary and may be worn as soon as the child will keep them on. A child will wear them well at fifteen months and even younger. The eye physician prescribes such glasses with the understanding that they are to be worn constantly. In addition to glasses, the good eye may be covered with a cloth patch for increasing periods of time in order to force the deviating eye to work. For an older, more cooperative child, orthoptic exercises may be practiced, if they are found necessary. These are exercises designed to aid in the development of fusion and in the improvement of vision.

Surgery may never be needed or it may be indicated at the time the patient is first seen. Also, surgery may be a preliminary step followed by other treatment. (Of course, surgery is generally employed in the alternating type where it is the only procedure likely to straighten the eye.) The time to operate and the type of operation to be performed varies according to the case.

The aim of surgery is to straighten the eyes by balancing their muscle action. In the simple, uncomplicated deviations of small degree, one eye is usually [*Continued on page* 66]

THE MAN BEHIND THE PLAQUE



by Frances Gibson, R.N.

■ THE LIBRARY at our hospital is a beautiful room. It is quiet and cool and restful. The long shining tables, the big leather chairs, and the tall shelves of books invite one to browse and study. On the door there is a bronze plaque in memory of John Jacob Jones, M.D., Chief Pediatrician 1918-1945.

Yes, I knew him well. All our nurses knew him well if they knew him at all. He saw to that. There were times when he reminded me of nothing so much as a growly bear. He had grizzled grey hair and a deep voice that boomed and carried down the corridors, and he could be very cross. But he could be kind and gentle, too, and the children loved him. But a nurse never knew. One relaxed on the pediatric floor only after he had made his rounds. One sighed with relief when the elevator door at last closed behind him.

He had doctored sick children for years, and it was said of him that he had only to look at a child to make a diagnosis. That, of course, was an exaggeration, but he was as infallible as any human doctor can be. All the young, highly trained pediatricians came to him for advice and help, for although he had never had any formal training as a pediatrician, he knew more about sick children than anyone in town. Many years before, he had started out as a general practitioner, and very gradually, almost without his knowing it, so he liked to say, he came to have a practice devoted entirely to children. When he started out, there were no pediatricians, no pediatric boards, few children's hospitals. A baby was treated by the family doctor who also treated grandma. Techniques, remedies, and medications were handed down from daughter to daughter, along with the family heir-

looms. And the woman who had the most children was assumed to know the most about them. Sugar tits, paregoric, and castor oil, were a part of everybody's bringing up. When pediatrics began to come of age, he came along with it. He always kept up with the times. I suspect he read more medical texts and journals than anyone else on the staff at our hospital, yet there were occasions when he did not go along with some new idea. When the rocking chair was abolished from the nursery, he went right on telling mothers to rock their babies to sleep; and he never stopped feeding babies when they were hungry. When the rocking chair came back in again and demand feeding was written up as the latest thing, it wasn't necessary for him to change his methods.

"Keep anything long enough," he said, "and it'll come back in style."

He loved to teach and he was a wonderful instructor. He taught the staff men, the residents, and the interns. He taught the student nurses pediatrics. Although he could be very cross with them, the nurses liked and admired him, and he had a great respect for the good nurse.

"Listen to what the nurse thinks," he'd tell the interns, who didn't like this advice too well, "she is with the patient all day. The doctor sees the patient but a few minutes. Always find out what the nurse thinks."

He always did.

"Who's been taking care of this child?" he'd roar, "Send her to me."

The nurse, often fearful, would go with him to see the patient. Question after question he would ask her, and woe to her if she didn't know. His two-edged tongue could be as sharp as a scalpel, and many a deflated nurse, after one of his famous tongue lashings, would wonder how in the world she ever happened to take up nursing. At the end of each session he always asked the same question:

"Do you think this child is getting along as well as he should?"

He had a remarkable respect for a nurse's intuition.

"I can't tell you why," I remember telling him once, "but I don't like the way this child looks. There is no reason for it, but I can't help feeling apprehensive."

"There is reason enough," he said, "there are probably signs that you note subconsciously. When a nurse doesn't like the way a patient looks, and I know she knows her business, that is reason enough for me to take warning."

I felt as if I had received the Congressional Medal of Honor.

Although he respected a nurse's opinion, he became quite violent when one made an error, failed to report any significant symptom, or did not chart as fully as he thought she should.

"Nurses cannot make errors," he would say, "Anybody who makes errors has no business being in nursing or medicine. We can't go around burying mistakes. One error and a child might die. We can't take that chance. Any nurse who makes a mistake should be relieved of her duties immediately."

All diapers used by his patients

were carefully saved for him to see. Every morning he would look at each one carefully.

"You can't describe a stool," he would mutter, "The only way you could describe a stool would be to paint its picture."

Once he created a great stir in the hospital when he wrote an order to spank a child p.r.n. This we never did, but after the child had been in the hospital a few hours we understood why he had written the order. We were tempted to carry it out, but managed to resist temptation.

If a child were critically ill, he often sat all night by the bedside, although there were residents and interns and nurses in abundance. Never once did anyone ever hear him mention a fee. He had a great contempt for the doctors who catered to what he called the "carriage trade." He always went whenever he was called, no matter who called him.

"What's a doctor for if he can't work overtime and any time?" he'd say. "Medicine is a twenty-four-hour job, and anyone who don't know that shouldn't be in medicine at all. I'd be ashamed to work nine to five like some of the doctors in this town do. People don't get sick just from nine to five."

Mothers often brought him presents. He would be as pleased as punch over a batch of fudge, or a cake, or his favorite molasses pie. He didn't get much of that sort of thing since he lived at a hotel and ate at restaurants. His wife had died young and his only child was in an institution for the mentally deficient; had been there twenty years. He never spoke of this. He was far too busy, I imagine, to think of anything but his office, his practice, the hospital, and the lectures he always gave his boys and girls. The interns were his boys and the nurses were his girls.

I was especially pleased when the new library was named for him, for here in beautiful surroundings his boys and girls may study the subject that was nearest to his heart.

• With March 15 in the offing, it's time for nurses to tally their income and expenditures—deductible or otherwise. For those in doubt about deductions, consult a local income tax advisor. The answers to your tax problems may also be found in the article entitled "Talking of Taxes," which appeared in the February, 1952 issue of **R.N.** Self-employed nurses who earn $400 or more a year are reminded that they must pay a social security tax when they make out their annual income tax return. The social security tax is computed on a separate schedule C which may be obtained with the income tax blank. The required forms—and information on them—will be supplied by your local post office or Social Security Administration Office. For the address of the nearest branch office, consult your phone book under U.S. Government, Federal Security Agency, Social Security Administration.



■ THAT ONE female high school graduate out of ten, who, according to estimates, must be recruited to fill nurse quotas, is generally an elusive teenager, attracted by a multitude of appealing careers, not the least of which is marriage. To direct this young person to a nursing school, and at the same time offer a degree of assurance that she is adapted to nursing, requires more than high-pressured recruitment tactics; it takes a good deal of conscientious counseling on the high school level.

How many high schools provide this type of counseling is open to conjecture. We know that Future Nurses Clubs, career days, and other recruitment devices are on the upswing, and this is all to the good. But the less publicized and perhaps more effective method of vocational counseling remains pretty much of an unknown quantity—and quality.

In this issue, **R.N.** presents the first of a series of articles designed to throw light on recruitment procedures such as vocational guidance. Also, in the belief that recruitment is an on-going proposition which does not end with the nursing school's acceptance of the student, we will attempt to show how nursing schools may or may not help the student to reach his or her professional goal.

The initial article in this planned series, "Nursing Grows in Brooklyn," describes a unique type of recruitment effort on the part of a public vocational high school. Not only does this school pay special attention to the preparation of high school students for the professional nurse course, but it contributes to the supply of nonprofessional nurses as well—all in all, a plan with implications for recruitment that might bear study by other public vocational schools.

NURSING GROWS in BROOKLYN

by Frances Lewis, R.N.



Bathing the baby is one of many procedures learned by students at this Brooklyn school.

■ NOT LONG AGO the Brooklyn High School for Homemaking observed Mother and Daughter Day at a special assembly. On the stage, proudly wearing their stiffly starched uniforms, sat some twenty graduates who had entered schools of nursing. The majority came from professional nurse schools; the remainder wore the uniform of the practical nurse student.

As each girl went to the microphone and unabashedly declared the superior merits of her hospital, she was greeted by a burst of applause—genuine applause, not the polite, lukewarm variety—for to many in the audience, these alumnae represented *their* future. Before long, if they ever "got through chemistry" or "brought up that mark in math," they, too, might be privileged to wear the coveted uniform.

Emotional appeal? Perhaps, but not wholly; for this was more than the one-time recruitment gimmick of the usual high school. The program was staged by the nursing preparatory department of a public vocational high school where most of the students have a clear idea of their career objective. Included in the audience that morning were girls whose sights were firmly fixed on becoming professional nurses, practical nurses, and assistants to doctors and dentists.

Such a degree of vocational certainty is by no means rare in this type of school, but it is unusual to find it in the area of nursing, especially professional nursing. Brooklyn's pre-nursing preparatory department experiment— if it can be called that after thirteen years of operation —apparently is unique among vocational schools in that it seeks to recruit students for both professional and nonprofessional levels. The only other high school offering a similar program in the New York area is the Yorkville Vocational High School. It is surprising that more schools have not adopted a pre-nursing preparatory department, for its ad-



Small-fry students, attending the vocational school's laboratory nursery, wash up for lunch.

vantages seem obvious. Under its influence, a steady supply of professional and non-professional nurse power is channeled into the community. Also, vocational disillusionment is minimized by careful screening; there is some assurance that the "square peg in a round hole" situation which often plagues a great number of nursing schools can be avoided.

Nevertheless, in spite of these advantages, the Brooklyn High School for Homemaking has occasionally had difficulty in convincing parents that there is no social stigma attached to their daughters becoming vocational school students. Vocational high schools are apparently still considered by the public as repositories for low IQ students who don't take kindly to book-learning. And it is still the accustomed practice for teen-agers who have a professional career even vaguely in mind to take the prescribed academic course in a traditional high school.

One of the persons who has helped to revise this thinking and endow the vocational school with dignity and professional purpose is a registered nurse, Mrs. Betty Quinn Wagner, presently chairman of the nursing preparatory department of the Brooklyn High School for Homemaking. Some twenty years ago, Miss Edna A. Farnsworth, then principal of the school, and Mrs. Wagner foresaw the value to the community of a pre-nursing course for their students. The first pre-nursing course established at the Brooklyn school was designed primarily for prospective practical nurses. Later, in 1938, a preparatory nursing department was organized with the intent of screening and preparing students of varying abilities for both professional and practical nursing education.

One of the biggest boosts to the development of the school, and the

nursing preparatory department in particular, was the erection of a new building in 1938. This structure, with the latest equipment and teaching aids, allows the staff an opportunity to translate educational theories into practice. Even now after thirteen years of hard but careful usage, one is impressed by the modern facilities. There are ten classrooms set up for home nursing, also a four-bed infirmary, dental and medical offices, and most complete of all, a small laboratory nursery school for neighborhood children ranging from two to four years of age. The parents of these children have demonstrated a willingness to cooperate in the project by reporting on the habits and behavior of their children during out-of-school hours.

In reviewing the present educational set-up of the nursing preparatory department of the Brooklyn High School for Homemaking, certain factors influencing nurse recruitment stand out. First, the school, which is under the aegis of the Board of Education of the City of New York, is open to all girls of high school age in the five Boroughs of New York City; therefore, there are likely to be within the student body those who enrolled voluntarily because of their specific interest in nursing. Secondly, the school provides courses designed to further the student's interest in nursing and to orient her to some of the health problems which she will meet not only in the hospital later on, but in her home and community as well.

Home nursing and child care, and homemaking are the key courses of the current three-year curriculum which extends from the tenth through the twelfth year. Everyone, no matter what her eventual major, must take these subjects. The homemaking course includes experience in cooking, serving food, housecleaning, laundry, sewing, and other related subjects. The purpose of the course in home nursing and child care can be described as two-fold: "1) to provide for personal growth through good physical and mental health; the meeting of common emergencies; coping with illness; to give experience in home and family living through study and work with the pre-school child; and 2) to guide and stimulate the interest of qualified students to explore and prepare for the career of nursing."

Another significant recruitment feature of the school is the fact that all of the teachers in the nursing preparatory department are registered professional nurses. Twelve of the twenty nurses now on the staff have masters degrees in their specialties, a record that would be hard for any existing professional nursing school to match. Moreover, all of the nurse teachers have passed a competitive examination qualifying them to teach.

Undoubtedly, the vocational guidance given informally in the classroom by these nurse teachers plays an important part in the student's choice of a nursing career. In addition to this direction, there is supplementary counseling offered by counselors whose fields relate to

health, educational progress, placement, and psychology. Physical health receives as much emphasis as education, and students are encouraged to have all remedial defects corrected before graduation. Given this abundance of skilled guidance, and numerous tests, there is small chance that students will select the wrong major when they finish their first year of home nursing.

Students who wish to major in the preparatory professional nurse course must have a scholastic average of 85 and show some aptitude for nursing. Those with an average of 75 and an IQ of not less than 90 may qualify for the preparatory practical nurse course. Occasionally, disappointed students who fail to make the professional nurse grade may insist on trying the more advanced course. This, the school may allow until the student herself is convinced that chemistry, algebra, and the other required subjects are too heavy going. According to the nurse teachers, once her program is decided upon, the pre-practical nurse major takes a great deal of pride in her future career, and there is no unpleasant evidence of class distinction between the two groups of pre-nursing majors.

The courses which the prospective student nurse takes at the Brooklyn High School for Homemaking are much the same as those taken by the students attending an academic high school, with the general exception that the vocational student spends half her day in vocational training courses. Nursing orientation courses, such as home nursing, child care and occupational therapy—the latter included to teach manipulative skills—are made possible through an additional daily class period required under New York City's vocational school system. Academic requirements are high, and although they are not needed for entrance to most nursing schools, each prospective professional nurse must take the New York State Regents, particularly difficult comprehensive examinations.

After her major is selected, the trainee for [*Continued on page* 67]

PITY THE POOR PSYCHIATRIST

by Merle Perry, R.N.

He never dared to snatch a berry
Growing off the road,
He never thought a leprechaun
Or visited a toad,
So rigidly he reigned his mind
Against a sidelong caper,
Afraid that from Reality
He might be an escaper.

the antagonistic ameba

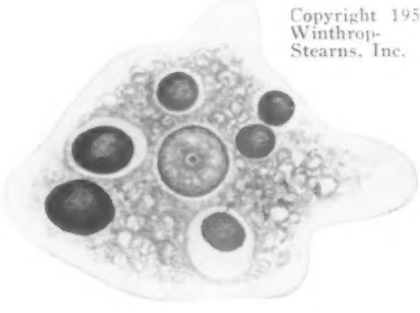
■ NOT SO VERY long ago, practically everyone thought of amebiasis as a disease confined to the tropics. We of the more temperate zones were only too prone to believe that knowledge of this disease had no practical value for us; such knowledge might be pertinent if you were interested in hearing of tropical maladies—but that was the most that could be said for it.

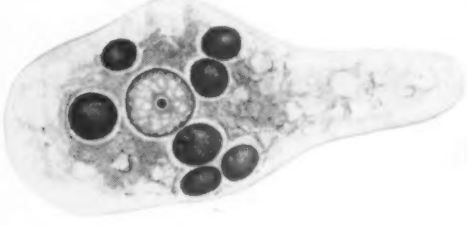
However, after the outbreak of an amebiasis epidemic in Chicago in 1933, members of the medical profession began to be "amebiasis-conscious." With the advent of World War II, doctors and nurses found themselves gaining firsthand acquaintance with this affliction—and not infrequently, they themselves were the victims of amebic infection. One of the more conservative estimates in recent years places the incidence of amebiasis in the U.S. at from 5 to 10 per cent of the general population. In truth, amebiasis can no longer be considered an exotic disease. It has become a disease of direct concern to all of us.

It used to be the custom in many parts of the country to refer to amebic infection by the rather limited term "amebic dysentery." Since infection with the pathogen, Endamoeba histolytica, may be asymptomatic, it is now considered more appropriate to designate all instances of infection with this organism as "amebiasis" regardless of the severity of the symptoms exhibited by the victims who, in many cases, may be unaware of their plight.

E. histolytica is found in three developmental forms: the invasive, motile, vegetative form or trophozoite; the precystic form; and the cystic form. It is the hardy encysted form of the ameba—capable of living outside the body at room temperature for two to four weeks—which is responsible for the transmission of the disease. When ingested in this form, the ameba emerges from the cyst in the lower ileum and travels to the colon in the form of motile trophozoites. The trophozoites move about, feed, and reproduce. At certain times, under certain environmental conditions, some of them begin to shape into the round precystic form; they then secrete a resistant capsule which acts as a cyst wall, and are excreted in the form of cysts in the

Copyright 1951 Winthrop-Stearns, Inc.





by Althea Powers, R.N.

feces. These cysts are extremely resistant to environmental changes.

The ameba in the cystic form has now become a source of infection to other individuals; the house fly, contaminated food and water, and human carriers all help to spread the disease. Amebiasis is most often found in regions where poor sanitary procedures prevail and is basically endemic, although epidemics, usually attributable to a heavily polluted water supply, are on record.

Source of infection in the historic epidemic at the Chicago World's Fair was eventually traced to a cross-connection between the sewage-system and the water supply of two hotels. Chlorination of the water had killed other potential causes of gastro-intestinal infection, but had had no effect on the resistant cysts of E. histolytica. As a result, more than 1,400 known cases of amebiasis developed, with many deaths.

The trophozoites, because they cannot live long outside the body and are also liable to destruction by the digestive enzymes of the upper intestinal tract, play little part in the transmission of the disease from one individual to another. However, it is the trophozoites which cause the pathological changes in the host.

These motile forms penetrate the mucosa of the intestine by direct attack upon the cells and by the liberation of a cell-destroying toxin which aids them in their assault. A small necrotic lesion forms which does not ordinarily become inflamed unless there is a secondary bacterial invasion. Buttonhole ulcers, caused by the burrowing of the amebas into the mucosa, may eventually appear.

The lesions, which in mild cases are small and localized, tend to spread and run together, and hemorrhage, edema, and sloughing of large pieces of mucosa sometimes result. The extent to which the ulcers spread depends upon the patient's resistance and the promptness with which therapy is begun. As a rule, amebas will not penetrate the muscular coat of the intestine although this has happened in some instances. Amebas, entering the minute branches of the portal vein, often find their way to the liver where they may become the source of amebic hepatitis and liver abscess.

If the disease continues to progress, there may be direct extension from the liver to the pleura and hence to the right lung and pericardium. Although such instances are rare, invasion by the E. histolytica of the brain as well as of many of the other organs of the body has been reported.

It is probable that many symptoms do not appear until the ulcers have become fairly extensive. Consequently, great numbers of persons will remain asymptomatic in spite of infection. But the harborer of E. histolytica can never feel entirely at ease, for, although he may have only mild symptoms and may even erroneously consider his infection as cured, there is always a possibility of a sudden flare-up of dysentery or hepatitis.

One of the milder manifestations of amebic infection is amebic colitis, which may be characterized by con-

stipation, mild abdominal cramps, anorexia, distention, nausea, generalized aching, tachycardia, sweating but little or no fever, and mild and fleeting diarrhea; moderate tenderness is often felt upon deep pressure over the colon. The patient is likely to feel tired and depressed. Upon gross examination, the stools will appear normal except, of course, during episodes of diarrhea which may be precipitated by over-indulgence in food containing excess roughage or which is highly seasoned or when alcoholic beverages have been imbibed.

A sudden attack of increasingly severe diarrhea, cramps, headache, nausea and vomiting marks the onset of acute amebic dysentery. Fever is low-grade or absent altogether and localized abdominal tenderness may be present; mucus and blood are apparent upon gross examination of the stools. Periods of dysentery may alternate with periods of colitis during which the loss of weight tends to become serious and a moderate anemia may set in. In this chronic condition (walking dysentery), relapses may occur fairly frequently or they may not occur for a period of 20 years or more.

Amebic hepatitis and liver abscesses are usually the aftermath of repeated attacks of dysentery, although they sometimes develop in the complete absence of intestinal symptoms. The formation of a liver abscess can be either an insidious or a sudden process. Pain over the liver which may be referred to the right shoulder; irregular, remittent, high fever; and a number of digestive complaints generally accompany the abscess. As a rule, there are no signs of jaundice.

Strangely enough, the individual suffering from an acute form of intestinal amebiasis is usually less likely to spread the disease than is the asymptomatic carrier. This is because the cysts are nearly always found in the formed stools of the asymptomatic carrier, whereas diarrheal stools, on the other hand, contain swarms of the relatively harmless trophozoites—harmless, that is, as far as the transmission of the disease.

For diagnostic purposes, it may be necessary to perform several stool examinations. The trophozoites can also be found in drainage from amebic abscesses and in the dark sputa of patients who suffer from amebic involvement of the lung.

Saline cathartics or physiologic saline enemas are frequently ordered to obtain stools for examination. Castor oil, liquid petrolatum, barium, and bismuth cathartics cannot be given for they interfere with the recognition of the organism. Inasmuch as the trophozoites do not survive long outside the body, diarrheal stools should be kept warm and examined as soon as possible; this precaution is not as urgent when a formed stool is to be examined. A negative diagnosis cannot be made unless several stool specimens have proved to be negative, and even then there can be no positive assumption that amebic infection is absent. Complement fixation tests of the Wassermann type have also been devised

but their value is debatable. In these tests an alcoholic extract of cultures of E. histolytica is used as an antigen.

Once a diagnosis of amebiasis has been made, specific treatment can be instituted. Such treatment is directed toward the elimination of all amebas from the tissues and the bowel. Several drugs have been used to combat amebiasis. Four of these—emetine hydrochloride, carbarsone, bismuth glycolylarsanilate, and diiodohydroxyquinoline—are discussed in *Drug Digest*, page 46.

Certain drugs, due to their destructive action against the trophozoites and the ease with which they are absorbed and carried to the tissues, are especially useful in extra-intestinal amebiasis. Two such drugs are emetine hydrochloride and chloroquine diphosphate. Emetine, an old-timer, often relieves distressing symptoms with dramatic effectiveness. However, emetine has the disadvantage of being extremely toxic to man as well as to the destructive trophozoites.

On the other hand, chloroquine diphosphate, a newcomer to the field, is usually well-tolerated. Because of its lack of side-effects, it may be used even in the treatment of ambulatory patients. The use of this drug as an anti-malarial agent was discussed in **R.N.**, in the July, 1951 *Drug Digest*.

Though these drugs effectively reduce the number of trophozoites and relieve the patient's symptoms, they do not [*Continued on page* 65]



"Highest temperature loses."

Drug Digest



Carbarsone U.S.P.

(Amebicide)

PRODUCT NAMES: None

PHARMACOLOGY: Carbarsone, an organic pentavalent arsenic compound, is effective against both the motile and cystic forms of the ameba. The drug, which is used in the treatment of intestinal amebiasis, is usually given orally although retention enemas are sometimes indicated in acute amebic dysentery or in resistant cases where motile amebas appear in the stools. Carbarsone is also employed for the local treatment of Trichomonas vaginalis vaginitis.

DOSAGE: The recommended adult dose is 0.25 Gm. twice daily for 10 days; the dosage is reduced for children according to weight. Courses of carbarsone may be alternated with courses of other amebicides; if necessary the carbarsone series may be repeated following a 10-day interval. A dose of 2 Gm. of carbarsone dissolved in 200 cc. of warm 2 per cent sodium bicarbonate solution may be administered as a retention enema to adults every other night for a maximum of five nights. Each retention enema is preceded by an alkaline cleansing enema. Oral dosage of carbarsone is omitted during this period.

UNTOWARD ACTIONS: Suitable rest periods between courses of treatment with carbarsone are necessary to avoid cumulative effects. Indications of arsenic intolerance such as skin eruption, pruritis, gastro-intestinal irritation, renal damage, neuritis, and visual disturbance may arise, necessitating the discontinuance of carbarsone therapy. The drug, withheld from patients with contracted visual or color fields, is also contra-indicated in the presence of liver or kidney damage.

Bismuth Glycolylarsanilate N.N.R.

(Amebicide)

PRODUCT NAMES: Milibis

PHARMACOLOGY: Bismuth glycolylarsanilate is an organic bismuth-arsenic compound used in the treatment of amebiasis. Because of the low solubility of the drug, it is possible to obtain and maintain an effectively high concentration of bismuth glycolylarsanilate in the lumen of the large intestine with a minimal systemic absorption of arsenic and bismuth. For the same reason, however, the drug should be supplemented with other therapy in amebic hepatitis and in the presence of deep-seated scarred intestinal ulceration. Combination tablets containing bismuth glycolylarsanilate and chloroquine diphosphate (Milibis-Aralen) are available for this purpose. The bismuth contained in the drug tends to exert a palliative effect on intestinal peristalsis.

DOSAGE: The recommended average adult oral dose of bismuth glycolylarsanilate is 0.5 Gm. three times a day for seven days. If positive stool findings persist, further courses of treatment or a change in therapy may be indicated. It may be necessary to increase the dosage of the drug in the event of acute dysentery to obviate rapid elimination from the gastro-intestinal tract.

UNTOWARD ACTIONS: Bismuth glycolylarsanilate is given with caution to patients hypersensitive to arsenicals. However, the arsenic and bismuth are split off so slowly and incompletely that it is impossible to determine the acute toxicity of the drug. The bismuth contained in the compound may cause the stools to appear black.



Emetine Hydrochloride Injection U.S.P.

(Amebicide)

PRODUCT NAMES: None

PHARMACOLOGY: Emetine is the hydrated hydrochloride of an alkaloid isolated from ipecac. The drug, an amebicide, is most effective against the motile form of Endamoeba histolytica; concentrations strong enough to kill the cystic form cannot be tolerated in man. Consequently, although emetine may relieve symptoms, relapse usually occurs unless other amebicides are administered concomitantly. This is especially true in intestinal amebiasis. Emetine is usually employed for acute amebic dysentery, in flare-ups of chronic amebic dysentery, and is particularly effective in amebic liver abscess and hepatitis.

DOSAGE: Emetine is usually given subcutaneously or intragluteally—never intravenously. Adults receive 30 mg. to not over 60 mg. daily for not more than 10 days; the total dose not to exceed 0.6 Gm. Doses are decreased proportionately for older children and young adults. Second courses of emetine are given only if necessary and there must be an interval of at least six weeks between courses.

UNTOWARD ACTIONS: All patients receiving emetine should be kept in bed due to the possibility of cardiac toxicity as a result of the cumulative effects of emetine. Symptoms of myocardial irritation include cardiac arrhythmias, hypotension, weakness, and faintness. Symptoms of gastro-intestinal irritation and peripheral neuritis may occur including anorexia, vomiting, and pains in the legs.

Diiodohydroxyquinoline U.S.P.

(Amebicide)

PRODUCT NAMES: Diodoquin, Yodoxin

PHARMACOLOGY: Diiodohydroxyquinoline is a yellowish brown powder, containing about 60-64 per cent iodine in organic combination. It has the most favorable chemotherapeutic index of the organic iodine protozoacides. It has been reported 85-95 per cent effective in the treatment of acute and chronic amebic dysentery and in the asymptomatic type of intestinal amebiasis, which characterizes the carrier. The drug has also been employed in the treatment of Trichomonas hominis (intestinalis) infections.

DOSAGE: About 2.0 Gm. daily, administered in divided doses between meals for a period of 20 days is recommended for the treatment of amebiasis. For symptomless carriers, a daily dose of 0.4 to 0.6 Gm. may be sufficient. The dose for children is one tablet (0.21 Gm.) for each 15 pounds of body weight. Diiodohydroxyquinoline has also been employed as a prophylactic agent by travelers passing through areas where amebiasis is endemic.

UNTOWARD ACTIONS: Gastro-intestinal distress occurs only in rare instances, due to the low solubility which makes diiodohydroxyquinoline relatively non-irritating. This permits prolonged administration of the drug except to those patients afflicted with thyroid disease or sensitivity to iodine.



Candid Comments

■ ON ONE of my recent field trips, I came upon a group of student nurses who had come into town to attend a conference. They were holding an informal post-mortem of the meeting in a coffee shop, and I was invited to sit in. For almost three hours these young women let down their hair, and as I listened, how I longed for a tape recorder. That discussion could be listened to with profit by many. At the end, my faith in the purposes and potentialities of the younger set, already strong, was infinitely stronger. These young women talked not of boy friends, nor parties nor hours, nor class marks; *they talked about nursing care,* the subject good nurses have talked about ever since nursing began. And though the students were puzzled, and some of them sounded a bit cynical, they appeared determined to find answers to some of their questions—better answers than we have been able to find so far.

Their comments were illuminating. "I was told by a graduate that we students don't *want* to nurse patients. We did when we came in. If any girls have changed their ideas, what did it?" "I pity the head nurse on our floor. They haven't any idea in the office what she's up against. No one ever comes around to *see* things with her." "When Miss D. makes rounds it makes the patients feel good. I like to hear her talk to them." "After 3 P.M. you never see anyone on the floors higher than a sergeant." "Where will we fit in if the practicals do all the bedside work? We can't all be generals, and we don't want to be. I want to take care of people the way my mother did, not supervise a bunch of patients' charts." "You said that kindness is often more important than the medicines we give. Are we students missing something?" "We students have to cover up a lot for the doctors." (I'm sorry I didn't question the student further who made that last comment. It sounds interesting.)

The most discussed topic was the wide contrast between classroom lessons and what the students observe in nursing practice on the wards. Students get their concepts of practice mainly from what goes on before their eyes. In class they're taught the principles of sound nursing care—on the wards they often see practices that do not follow through. They are taught that patients are people, and they do case studies of individual patients. Then they see patients on the assembly line with nurses stepping in only at intervals to insert needles or give treatments. They see some nurses who find the time for a smile and a

word with patients, and they see others to whom patients are but an arm or a hip. They hear some nurses fret over unanswered lights, and see others who simply ignore them. They hear nurses speak courteously to patients, and they hear others scold them even before their bewildered families.

These contradictions are disturbing for they shake faith, and that is not good. When faith is strong we are not afraid, come what may. But our young people do not lack courage—in fact they seem readier to tackle tough issues than any generation before them. The very stresses of the times quicken and sharpen their comprehension. It is a stimulating experience to listen to their questions and to trade points of view. What I believe they want most is a sense of direction, not as it relates to them individually but to the profession. They want to know if they are moving in the right direction. They are cognizant of the whirlpools around them. They are not afraid of whirlpools, but just want to know what's beneath them.

It seems to me one of our most urgent jobs is to help each other gain perspective on the present scene—to teach the *whys* of the confusing and demoralizing contrasts that exist. Our world and the world about us are in a state of high transition. Patterns of practice have changed for every nurse. They have brought conditions that affect our service seriously—conditions over which we have no control. They offer great promise, but also danger. The more we understand what it's all about the better we can work to keep the dangers under control. We must work as hard to increase the stature of the individual nurse as we do to increase her numbers. Nurses take the brunt of the criticism of poor hospital care, for example, yet they have no share in setting the general policies which directly affect the quality of nursing care.

Once we understand the *whys* of the constant patient overloads and of our expediencies, we can recognize the whirlpools about us as only the surface signs of the deep waters beneath, that flow forward slowly but inexorably. The changes we find in nursing are not due to basic changes in nurses, but to the conditions that surround them. The changes in nurses are of the surface. The deep, moving impulses that brought us into nursing cannot be diverted. But they can, unfortunately, be obscured and distorted by wrong pressures.

A great deal of fear is loose in the world today as free nations struggle

to establish the new order of human relations that can be stronger than bombs. When great fears prevail, our instincts are for self-preservation, and self-interest and materialism gain ascendancy. Nursing, like everything else, hasn't been immune to these influences. The interests of some nurses have been shifted from patient to self. But again, these are surface signs, the results of unnatural conditions. And they should not be regarded as a change in basic aims or attitudes.

Sharp contrasts and contradictions in nursing care are the phenomena of today. They were less in evidence yesterday when we had time and opportunity to give good care, and to know and talk with our patients. The patients were *our* patients for every service not rendered by doctors. Morale was high despite grueling hours and low pay, because job satisfactions were high. Job satisfaction, which means peace of mind and conscience and a sense of kinship with a worthy achievement, is a powerful ingredient of high morale. Without it we become dispirited, frustrated, captious. Job satisfaction disappears as constant work-overloads and artificial diversions of the nursing task destroy or damage the old nurse-patient relationships. The very volume of work to be done can paralyze our spirits or raise the steam pressure too high. All of us have our own ways of blowing off steam when the pressure does get too great. I firmly believe that the indifference and self-interest that does exist would be largely canceled out if job satisfactions could be restored to nurses.

We can't go back to the "good old days" but we can do a lot better than we are doing in adjusting to today's challenges. We have, for example, waited 75 years to be invited to the kind of conferences that utilize staff nurses' experiences and ideas in setting up programs and policies. To me it is a shocking waste of manpower to use only the hands, feet, and techniques of staff nurses. After all, what is a hospital without nurses? Why wait any longer? Why not take the initiative?

Once upon a time nurses had but one life, nursing. Everything else was secondary. Today's nurses live two, three, and even four lives as they rear families and share in the community life. We can help employers recognize that nurses do live several lives these days. This wholly new phenomenon in the life of nursing is a fact of extraordinary significance in a field with a 24-hour a day responsibility. More married nurses than single ones are in active practice today. They are sorely needed, not only for their services but for their integrity and steadfastness. The young woman who is devoted to her family has much to give her patients—for she is usually the same kind of person at work that she is at home—if conditions exist that make it possible for her to give her best.

My advice to students with questions is to go easy on the criticisms of individuals but to bear hard on learning what conditions actually influence [*Continued on page* 79]

Suddenly, it's February—and all women everywhere have an urge to shed their sober, wintry blacks for something lively and bright that says "Spring is coming!" The answer? BLACK-AND-WHITE. But a black-and-white so vibrant, it looks like a brand new color. Our round-up of checks, dots, stripes, the plaid and the print-dress on this and the next two pages, will show you six good reasons why.



Misses' bait—Ann Sutton's black-and-white checked gingham ensemble. At first glance prim, its jacket comes off to uncover a party dress; its neck, scooped low; skirt, big; price, small, $14.95.

February fashion formula

BLACK & WHITE — all sizes

says Francia Hughes



Plaid makes a brilliant debut in Queen Make's "Carefree Casual," a denim coat-dress in half-sizes whose muted colors, and superlative chic belie its price, $10.95.



▲ Half-size hit! Radiant's black-and-white confetti-dot rayon print-crepe ensemble! The afternoon dress has a pretty, panel-pleated skirt that is kindness itself to ample figures, while the neat cut of the tailored jacket gives it the crisp look of a city-suit—the kind R.N.'s can wear through summer. $35.

For names of stores nearest you carrying fashion items you want, write makers listed on page 96.



Glentex' bulky stole—a big fashion—looks its boldest best in black-and-white fringed tweed. Three yards long, it will wrap R.N.'s from chest to chin. $20.

Half-sizes, easily overshadowed by strong prints, will like Queen Make's spidery black-and-white web; its scissors'-cut skirt and flattering neckline. $14.95.

New brilliant designer of Junior dresse Nancy Valentine, does a vibrant black an white striped cotton dress with huge skir surplice neck, red elastic cinch belt. $8.9





Shop Talk

The lacy black and white sweaters (r) can be knit even by R.N.s who think the art's beyond them! You learn from Crown's Number Knitting book ($3.95) to make 7 simple, basic forms: square; triangle; divided square and triangle; rectangle; wing; double-wing; then combine as you please. It takes little time, yarn; yields all-way-stretch-knits you needn't block.

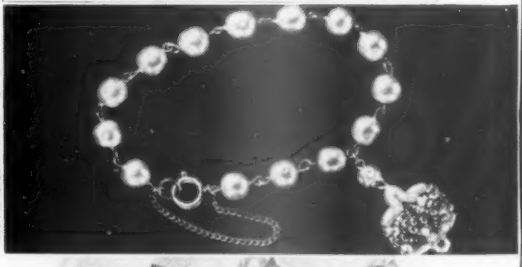
To glamorize a gold-plated safety-pin, designer Aimee Lee planted 4 pretty pearls, Tiffany-set, upon its back, sends it for $2.50 (ppd. tax incl.).

If it's true that clothes can make the man, then Ben Hur barrettes can make the hair-do. Dramatize a center part by adding a pair of gold tabs. $1.









Loving care fashions Aimee Lee's baroque pearl charm-bracelet. All pearls are hammered and dipped by hand—a find at $5.95 (ppd. tax incl.).

"Your leg has a figure, too," says Beautiful Bryan, stocking-maker, showing, left to right, the 4 full-fashioned sizes that fit all legs: Brief, Slender, Regular and Youthful Long.



IDEA OF THE MONTH

Follow the Leader

by Myrtle E. Gallagher, R.N.

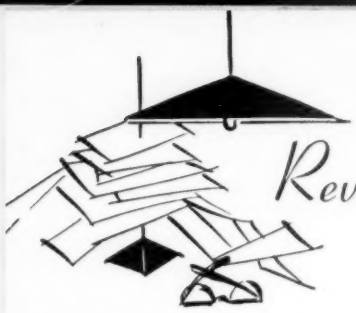
■ IT IS THE hospital administrator, the directress of nurses, and the head nurses in charge of hospital departments who set the pace for the success or the downfall of the institution in which they are employed, for it is their attitudes which will be reflected throughout the entire hospital. If nurse leaders are humane, considerate people, their followers will tend to "follow the leader."

The wise nurse leader who possesses true leadership qualities will not allow herself to forget that she is dealing with the most important element God ever fashioned—that of human nature. It is uppermost in students and graduate nurses alike. It is paramount in the medical staff and the hospital personnel as well as in the patients, relatives, and visitors who enter the portals of the hospital world. An individual's nature may deviate at times while he or she is under fire, but fundamentally it does not change.

Man's primary requisites for being are his basic human needs: the need for survival and for procreation, the need for appreciation, the need to be loved and to be fed, the need for importance, the need for happiness. It is difficult to say which of these needs is most important for one feeds upon the other. And when any one appears to be threatened, then mischief arises which may prove truly devastating.

If the nurse leader is a practicing student of human nature and a strong, courageous person with faith in her convictions, then she need not be afraid that a rival will snatch her position. On the other hand, if she is ambitiously inclined to the point where she runs roughshod over others in order to gain her own ends; if she cuts financial corners at the expense of her staff; if she has completely disregarded the basic human needs, then that leader may shortly find herself looking around for another position.

A nurse leader in a hospital has ample opportunity to add a personal touch to her manner without losing either her position or the dignity of her position. And it is often this personal touch that attracts the allegiance of her staff. When one hears a nurse leader honestly praise a member of her staff, it is safe to say that she will receive promising results. By so doing, she has played upon the basic need to be appreciated and to be important to someone who counts. Also, such a leader would not find it too difficult [*Continued on page* 76]



Reviewing the News

▶ GAMMA GLOBULIN, for use in this summer's campaign against polio—now in the planning stage—is to be provided, insofar as possible, by the American Red Cross at the request of the Office of Defense Mobilization. It requires about one pint of blood to make an average dose of gamma globulin for this purpose. Since it is expected that at least 2 million children in 150 epidemic areas may be threatened with polio this year, the ARC must collect at least 5 million pints of blood—its peak collection during World War II—to fulfill all its commitments. The total goal of the Red Cross drive to be conducted in March has been raised from $86 million to $93 million to meet the cost of the globulin campaign. Production of the globulin is to be stepped-up, with processing laboratories working around the clock, seven days a week. However, because of a lack of production facilities the supply will be limited.

▶ INSTRUCTION FOR AIDES is the object of a program proposed by the Division of Nursing Resources, USPHS, and approved by the Health Resources Advisory Committee. The program, when completed, will be made available to hospitals throughout the U.S. It calls for the preparation of a procedure manual for use by nursing aides, an instructors' guide, and the introduction of these materials by means of teaching institutes in the various communities. The American Hospital Association will publish the training manual, and the USPHS and the National Committee for the Improvement of Nursing Service will sponsor the institutes. The program, undertaken at the request of the Health Resources Advisory Committee as a means of augmenting the number of trained nonprofessional nursing personnel employed by hospitals, is under the joint sponsorship of the AHA and the NCINS.

▶ POLIO WORK CONFERENCES, in which the National League for Nursing will play a major role will be held throughout the country. They are to begin this month and continue through March and April. A series of 12 conferences on the nursing care of polio patients has been scheduled to help nurses in responsible positions incorporate newer trends and techniques in their total nursing programs. Only key personnel in hospitals, schools of nursing, and public health agencies may attend the entire conference. However, hospital administrators, as well as directors of nursing services and directors of nursing education who were absent at the start, may attend the last two

days of each conference. NLN consultants representing the Department of Hospital Nursing and the Division of Nursing Education, as well as two consultants from the Nursing Advisory Services for Orthopedics and Poliomyelitis will participate in the program. A grant from the National Foundation for Infantile Paralysis to the Nursing Advisory Services for Orthopedics and Poliomyelitis has made the NLN consultant service possible. The Kellogg Foundation is also helping to promote the conferences.

▶ CLEVELAND IN JUNE: That's where the 1953 Biennial Convention of the National League for Nursing is to be held, June 22-26. Convention headquarters will be at the Statler hotel, and meetings and exhibits will be held in the public auditorium. Margaret Losty, R.N., Director of Nursing Services for the National Foundation for Infantile Paralysis, is chairman of the NLN Committee on Program.

▶ NEEDED: 300 PRACTICAL nurse schools in the U.S., reports the National Association for Practical Nurse Education; this means an increase of at least 50 per cent in the number of officially approved schools of practical nursing. The 190 schools which have been approved by NAPNE and by state licensing agencies graduate only about 9,000 students each year—far less than the needed 60,000 practical nurse graduates annually, the report points out. Hilda M. Torrop, executive director of NAPNE, states that less than 10 per cent of the estimated over 400,000 so-called practical nurses in the U.S. are graduates of approved schools.

▶ DEADLINES: Manuscripts and credentials must be submitted by March 1, 1953 for the fourth annual Mary M. Roberts Fellowship to be awarded by the American Journal of Nursing Company in June, 1953. Competitors must submit a specially prepared manuscript concerning nursing. All professional nurses are eligible to compete if they have had at least two years of experience in some field of nursing after graduation . . . May 1 is the date when applications must be submitted for the New York State Nurses Association Mary M. Roberts Award to be presented at the NYSNA convention. Any NYSNA member who has had a manuscript published in a lay or professional publication between May 1, 1951 and May 1, 1953 is eligible for the award which is given at two-year intervals on a competitive basis. Practically all types of manuscripts may be submitted and they will be judged for thought, readability, and clarity. Applications may be secured through the state or district offices.

▶ FROM $12 TO $14, a two dollar increase over the present fee for an eight-hour day, is the goal of the nurses belonging to the private duty section of District Five, Florida State Nurses Association. An increase of from $1.25 to $1.75 per hour for overtime has also been sought. In an

emergency meeting, the South Florida Hospital Council refused the nurses' request until a joint meeting could be held at which the Dade County Medical Association and the governing boards of the 13 affected hospitals could sit in.

Hospital staff nurses are paid approximately $10 for an eight-hour day and hospital authorities fear that many staff nurses will leave their positions to become private duty nurses if the raise is granted. Many of the hospitals concerned also employ private duty nurses as relief for their regular staff when the patient load is heavy.

In defending the nurses' request, Mrs. Kathleen French, president of the District Five group, stated that it has been four years since private duty nurses last received a pay raise and she could not predict the nurses' future course in the event that the requested raise should not be granted by the Council.

▶ PETROPOLIS—NOT "RIO"—will be the site of the Tenth Quadrennial Congress of the International Council of Nurses, to be held July 13-17. Due to a change in location, the Congress headquarters will be at the Hotel Quitandinha, Petropolis, Brazil, rather than in Rio de Janeiro as was previously announced. The Brazilian Graduate Nurses Association will arrange for all accommodations either at the Hotel Quitandinha or at an adjacent hotel in Petropolis. A minimum of $10 per day will be charged for board and lodging arranged by the Brazilian GNA. Nurses wishing to stay in Rio de Janeiro (45 miles from Petropolis) must make their own reservations through a travel agent. The ICN registration fee is five dollars per person, payable on arrival at the Hotel Quitandinha.

▶ CAPITOL COPY: Mrs. Oveta Culp Hobby, war-time director of the Women's Army Corps, has replaced Oscar R. Ewing as Federal Security Agency administrator. Units under the jurisdiction of the FSA include the U.S. Office of Education, the U.S. Public Health Service, the Social Security Administration, the Food and Drug Administration, the U.S. Employment Service, the Bureau of Employees' Compensation, the Children's Bureau, and other minor agencies . . . World War II veterans who took out National Service Life Insurance policies in the latter part of 1944 and 1945 may still reinstate their insurance, even though their policies may have lapsed due to non-payment of premiums . . . A broad survey of what American hospitals are using in the way of supplies has been completed; the findings will probably be published in the spring. The study, covering the five-year period since 1947, was cosponsored by the USPHS and the American Hospital Association . . . The AMA's House of Delegates has endorsed the establishment of a Department of Health of Cabinet rank whose head need not necessarily be a physician. This is a reversal of the organization's original stand when it contended that anyone appointed to be the Secretary of Health

Every NURSE needs this new style book: ...We'll send it to you FREE!



WHITE SWAN UNIFORMS
REG. U.S. PAT. OFF.

FILL OUT AND MAIL COUPON TODAY

WHITE SWAN UNIFORMS, Inc.
Yonkers 1, N. Y. Dept. RN-1

Gentlemen: Please send me your SPRING 1953 WHITE SWAN UNIFORM FASHION GUIDE.

Name .....

Address .....

City ..... State .....

Specified for

"1001"

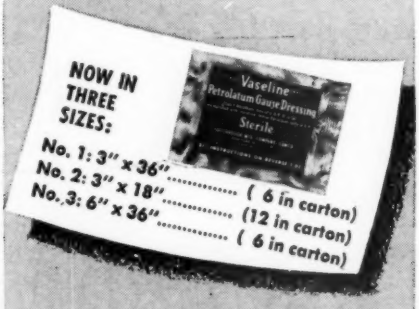
SURGICAL USES:

Vaseline Sterile
TRADE-MARK ®

Petrolatum Gauze

Adopted as standard procedure by surgeons, as preferred matériel by nurses, these superior dressings are used as wound coverings and packings, as plugs and drains—as well as being the most widely-used definitive dressing for burns and abrasions.

Adopted, because these ready-made dressings—packed in heat-sealed foil-envelopes—save time, motion, material . . . eliminate mess, bother, wastage, spoilage, equipment clean-up.



Insist on these superior dressings in the foil-envelopes

CHESEBROUGH MFG. CO., Cons'd
Professional Products Division
NEW YORK 4, N. Y.

VASELINE is the registered trade-mark of the Chesebrough Mfg. Co., Cons'd

must be a doctor . . . A recent Social Security Administration study reveals that only one-fourth of this country's 65-years-and-over population is covered by hospitalization insurance. Proportionately, fewer elderly men than women carry this type of insurance.

▶ SPURS TO RECRUITMENT: Two new publications were released in December by the Committee on Careers in Nursing, National League for Nursing. *Nursing Has a Future for You* is a 20-page, two-color, illustrated booklet describing the various programs of nursing education, entrance requirements, and opportunities for both men and women in nursing. The second booklet, the 1952 list of *Schools of Nursing in the United States,* indicates the schools whose basic nursing education programs have received either full or temporary accreditation from the Accrediting Service of the NLN. The booklet also indicates whether the programs are diploma or degree as well as the policy of the school in regard to the admission of men and Negro students. Address the Committee on Careers in Nursing, 2 Park Avenue, New York 16, N.Y. for information about quantity prices. Single copies are available, free of charge.

▶ ABOUT PEOPLE: Three mother-daughter teams are part of the nurse personnel of the Ohio Valley General hospital, Wheeling, W.Va. They are *Mrs. Christine Lemery,* supervisor of the hospital's Peterson home, and daughter *Martha; Mrs. Rosealtha*





"The Nurse"—
with Avon Nap Sole

it's sound medical practice

to choose the softest shoes that ever walked

It's no surprise that experienced nurses prefer Naturalizer. The flexible comfort of these shoes, their soft soles, their smart but easy styling make them the perfect remedy for hard hospital floors. Beautiful, soft white leather. At fine stores everywhere, or write Naturalizer Division, Brown Shoe Company, St. Louis.

$8.95 and $9.95

Higher Denver West

"The Active"—
with Cush-N-Crepe Sole



A Product of Brown Shoe Company

BROWN SHOE COMPANY
DIAMOND JUBILEE 1878-1953

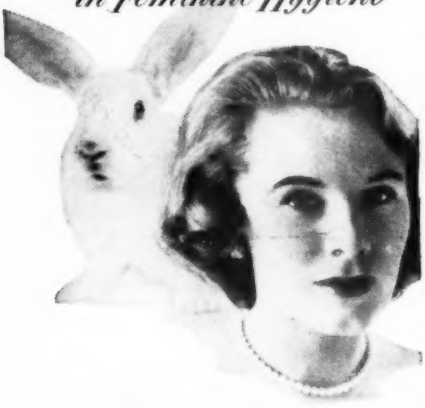
Naturalizer®

THE SHOE WITH THE BEAUTIFUL FIT

Rabbit eye tests prove

Zonite's absolute safety to body tissues

in Feminine Hygiene



NO OTHER TYPE LIQUID ANTISEPTIC-GERMICIDE FOR THE DOUCHE OF ALL THOSE TESTED IS SO POWERFUL YET SO SAFE TO TISSUES...

The membranes of a rabbit's eye are even more delicate than membranes in the vaginal tract. Laboratory tests show that ZONITE as used in the douche was put *twice daily* for three months directly into rabbits' eyes. Not the slightest irritation appeared. But ZONITE's safe qualities are not based on rabbit eye tests alone but on clinical tests by a famous surgeon and scientist and on actual use by thousands of enthusiastic women for 30 years.

No other type liquid antiseptic-germicide for the douche of all those tested is SO POWERFUL yet SO SAFE to tissues as ZONITE!

Zonite

THE IDEAL 'ALL PURPOSE' ANTISEPTIC-GERMICIDE FOR HOSPITAL AND HOME USE

Zonite Products Corp., Dept. RN-23, 100 Park Ave., N.Y.C. Please send me without charge professional samples and literature on ZONITE.

Name.....

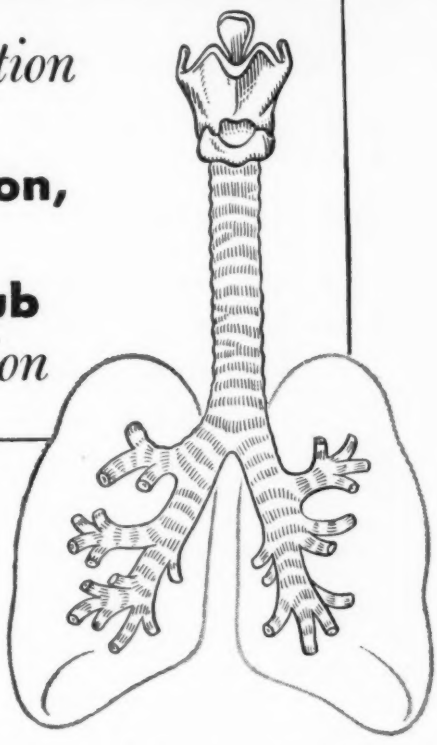
Address.....

City.....State.....

Taylor, supervisor of the fourth floor, and daughter *Martha Ann Allison;* and *Mrs. Lena Rosenberg,* private duty nurse, and daughter *Eleanor.* The daughters are all first-year students in the hospital's school of nursing . . . *Margaret McLaughlin,* USPHS nurse officer, will replace *Daphine Doster* as public health nurse consultant to Region III, comprised of Maryland, Virginia, West Virginia, North Carolina, the District of Columbia, Puerto Rico, and the Virgin Islands. Her headquarters will be in Washington, D.C. . . . *Elizabeth H. Harmon* has been promoted from assistant head of the department of surgical nursing to assistant director of the nursing service at the New York Hospital, New York City. Miss Harmon, whose principal responsibility in her new position is to conduct studies in nursing service, has been on leave of absence to serve on the Syracuse University faculty conducting conferences throughout central New York State on nursing service administration.

▶ THE THIRD set of Drug Digest cards can be ordered now. (Sets one and two are no longer available.) The 48 cards, 3 x 5 reprints of the 12 Drug Digests which have appeared in issues from January, 1952 through this month, cost $1.00 per set (including postage), with a 10 per cent discount of quantities of 25 or more sets. Send your check, postal note, or money order—not cash—to Editor, R.N., The Nightingale Press, Rutherford, N.J. Please *print* your name and address.

When the condition calls for **steam inhalation,** *consider* **Vicks VapoRub** *as the medication*



When cold-stuffed upper breathing passages, croupy night coughs, upper bronchial congestion or coughing spasms occur, often your first thought is steam therapy.

Such volatiles as menthol, thymol, and oil of eucalyptus make Vicks VapoRub an ideal medication for use in steam. The well-balanced formula is helpful in soothing the irritated mucosa of the respiratory tract, as well as in combatting the dryness that usually accompanies infection.

One added advantage is that the product is on hand in practically every home, ready for instant use day or night.

We will be pleased to send you a supply of samples for distribution to your patients.

VICK CHEMICAL COMPANY
Department P-3
Greensboro, North Carolina

Please send me, without obligation, a supply of distribution samples of Vicks VapoRub.

Name_____

Street_____

City_____

State_____

THE TRUTH ABOUT

FROZEN ORANGE JUICE

Significant Dietary Advantages Of Fresh-Frozen Minute Maid Orange Juice Over Home-Squeezed Orange Juice Shown By Independent Research

RECENT assays[1] emphasize the nutritional superiority of reconstituted Minute Maid Fresh-Frozen Orange Juice over home-squeezed orange juice in three respects:

a. **Average levels of natural ascorbic acid were significantly *higher* in Minute Maid;**

b. **Peel oil content was significantly *lower;***

c. **Bacterial counts were dramatically *lower.***

Two reasons for Minute Maid's higher ascorbic acid content are advanced:

First, oranges vary widely in ascorbic acid content.[2] Thus, whole oranges squeezed a few at a time provide a highly erratic source of Vitamin C. Each can of Minute Maid, however, represents the pooling of juice from hundreds of thousands of oranges; thus wide variations in nutrients tend to be eliminated.

Second, because it is frozen, Minute Maid loses none of its ascorbic acid content before reaching the consumer.[3] Whole fruit, however, is subjected to variations in temperature, and care in handling cannot be maintained from tree to table. Laboratory tests have shown an average ascorbic acid loss of 10.7% in whole oranges after 11 days under simulated storage and shipping conditions.

Peel oil, cause of allergic response and poor tolerance, especially in infants,[4] is held to an arbitrary minimum in Minute Maid. Samples of home-squeezed juice expressed by typical housewives showed peel oil contents up to 700% higher.

Bacterial counts were found to be as high as 350,000 per ml. in home-squeezed samples—but were uniformly low in Minute Maid. Technicians ascribe this to the combination of rigid sanitary controls in the Minute Maid process and the low pH and low temperatures at which the juice is kept. High bacterial counts in home-squeezed juice are doubtless due to contamination from the exterior peel which is unknowingly added to the juice during preparation.

In view of the above findings, more and more physicians now specify Minute Maid Fresh-Frozen Orange Juice in lieu of home-squeezed orange juice.



REFERENCES

(1) *Rakieten, M. L.,* et al., *Journal of the American Dietetic Association, October, 1951.*

(2) *U. S. Department of Agriculture Technical Bulletin No. 753, December, 1940.*

(3) *Roy, W. R., and Russell, H. E., Food Industries, Vol. 20, pp. 1764-1765 (1948).*

(4) *Joslin, C. L., and Bradley, J. E., Journal of Pediatrics, Vol. 39, No. 3, pp. 325-329 (1951).*

MINUTE MAID CORPORATION, 488 Madison Ave., New York 22, N. Y.

Wallace R. Roy, Ph.D., Director of Research

Ameba

[*Continued from page* 45]

reach a concentration within the intestine high enough to kill the cysts. However, this may be accomplished by the use of certain complex iodine and arsenic compounds. The iodine compounds include chiniofon U.S.P., iodochlorhydroxyquin U.S.P., and diiodohydroxyquinoline U.S.P. The arsenic compounds include carbarsone U.S.P., acetarsone N.F., and bismuth glycolylarsanilate N.N.R.

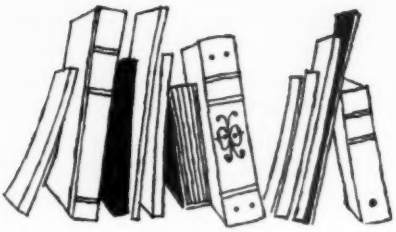
A recent innovation in amebiasis therapy is the use of antibiotics such as bacitracin, aureomycin, and terramycin. This type of therapy appears promising, and the high blood concentrations attainable with these agents suggest that they may prove effective against extra-intestinal as well as intestinal amebiasis. More research is needed in this area.

The patient who is acutely ill with the more severe symptoms of amebic infection frequently requires other therapeutic measures such as analgesics, antispasmodics, parenteral fluids, supplemental vitamins, and a bland diet.

Good sanitation is, undoubtedly, the best prophylaxis against amebiasis. Travelers in areas where amebic infection is rife should make it a practice to avoid all water which has not been boiled and all food which is not thoroughly cooked. Raw fruits and vegetables, unless they can be peeled just prior to consumption, are particularly risky. Until recently, the search for a satisfactory preventive agent which would limit the spread of amebiasis among inhabitants of heavily infected areas, has been a discouraging one. Although diiodohydroxyquinoline has been of use for transients who do not stay long in an infested vicinity, it has proved of little prophylactic value for the permanent inhabitants themselves. Recently, however, tablets containing both bismuth glycolylarsanilate and chloroquine diphosphate have been tested for their prophylactic properties, and the results seem promising.

Studies involving these drugs were conducted in a mental institution where amebiasis was plentiful, and exposure to a known reservoir of infection could hardly be avoided. It was found that re-infection in the groups undergoing prophylactic treatment was significantly less than in the control group which received no treatment. Both the control group and the groups receiving prophylaxis had been given previous therapeutic treatment in order to rid them of their initial infection.

The alert physician does not overlook the possibility that a masked amebiasis may be the underlying cause of a number of more or less ordinary symptoms often ascribed to other diseases. The problem of amebic infection is not as much one of treatment as of diagnosis, for in treated cases the mortality rate is less than five per cent of those who have the disease; it is as high as 20 to 40 per cent in those not treated. Amebiasis, although more prevalent than had been previously thought, need not be feared as a scourge for which there is no remedy.



an authoritative opinion, widely shared on

EURAX

Cream

... the rapidly effective, long-acting antipruritic

"... a satisfactory antipruritic, superior in most cases to more familiar ones, apparently without toxicity, and possessing a low index of irritation and sensitization. Its sustained period of effectiveness and tendency not to 'wear out' are definite assets."

Hitch, J. M.: North Carolina M. J. *12*:548, 1951.

regardless of cause... if it itches



EURAX® Cream (brand of crotamiton cream) contains 10% N-ethyl-o-crotonotoluide in a vanishing cream base. Tubes of 20 Gm. and 60 Gm. and jars of 1 lb.

Geigy

GEIGY PHARMACEUTICALS

Division of Geigy Company, Inc.

220 Church Street, New York 13, N.Y.

In Canada: Geigy (Canada) Limited, Montreal

Cross Eyes

[*Continued from page* 33]

operated on and this may prove to be all that is needed. In cases with higher deviations, more than one operation may be required. Surgery may have to be done on both eyes, even though only one eye is turned, in order to straighten the eyes without reducing proper muscle action and balance. If proper muscle action is not maintained, no satisfactory motion will result and movement of the eyeball will be limited. Children undergoing eye surgery receive general anesthesia, while adults are frequently operated on under local anesthesia. Recovery is usually rapid and results are remarkably good. After surgery, glasses—if needed—must be worn.

As a rule, the prognosis is good, but it is dependent on the degree of pathology that is present, the condition of the patient, and other factors that may complicate the case. Adults who have suffered from the one-eyed type since childhood are less apt to get good vision than a child, for the reduced sight is more set in the crossed eye and hence more difficult to improve.

It cannot be emphasized enough that every crossing of the eye, whether it be occasional or constant, should be investigated, for cross eyes do not correct themselves. The lay idea that many children "outgrow" cross-eyes is erroneous and dangerous. As the special confidante of friends and patients, the nurse is in a position to correct this error.

Nursing Grows

[*Continued from page* 41]

a career of practical nursing attends classes which will help her prepare for *her* specialty. In the last year, her curriculum takes her into the hospitals where she receives about 20 weeks of actual experience on the wards, for which she is paid 75 cents an hour. During the war, practical nursing schools lopped off three months from the training of the Brooklyn High School for Homemaking graduates because of their carefully supervised high school education.

Since the ultimate criterion of vocational departments is the success of their graduates in their chosen career, how do Brooklyn High School for Homemaking alumnae rate in their practical and professional nursing schools? Unfortunately, there are no available statistics, but according to Mrs. Wagner, who keeps a follow-up file on each student, they have done remarkably well. And there is no doubt about the statistical results of the department's recruitment effort. In the class of 110 students, including all majors —nursing and non-nursing—which was graduated in January, 1953, there were 21 pre-professional nurse majors, and 24 pre-practical nurse majors. If most of these nursing majors enter appropriate schools and continue with their special training, as they have in the past, the nursing preparatory department will once more achieve its vocational—and professional—objective.

Keep hair shining-clean *Soft* . . . .



with "babying" olive oil shampoo — famed Conti Castile Shampoo

★ Basic ingredient is imported olive oil, world's tenderest for hair. Used for optimum mildness with effective cleansing action.

★ Quick. Easy on hair. Conti's fast small bubble lather gets into greasy hair freely. Slips out as easily.

★ Wash hair as often as you like. Conti cannot dry hair or scalp.

★ Contains no harsh ingredients. A natural oil for your hair's natural loveliness.

★ Economical. Only 49c. Family size 89c.

★ Used by leading hair stylists for glamorous hair-dos.

SMALL BUBBLE LATHER TELLS CONTI IS SAFE



PRESCO Identification SYSTEM



SAVES SO MUCH TIME AND EFFORT!

- For both baby and adult patient identification, the PRESCO SYSTEM provides positive identification with an absolute minimum of preparation and application time and effort.
- A soft, pliable, plastic bracelet (pink, blue or white) is slipped around the wrist or ankle. It does not have to fit tightly, yet it stays comfortably and safely in place. It won't come off until it is cut off.
- The name card (which is slipped and automatically locked into the transparent bracelet) provides ample space on the back for additional data and fingerprint, if desired.

for Free Sample, write the PRESCO COMPANY, Inc. Hendersonville, N.C.

PRESCO PRODUCTS AVAILABLE THROUGH

A. S. ALOE COMPANY
1831 Olive St., St. Louis 3, Mo.

AMERICAN HOSPITAL SUPPLY CORPORATION
2020 Ridge Ave., Evanston, Ill.

MEINECKE & COMPANY, INC.
225 Varick St., New York 14, N. Y.

WILL ROSS, INC.
4285 N. Port Washington Rd., Milwaukee 12, Wis.

R.N. Speaks:

[*Continued from page* 27]

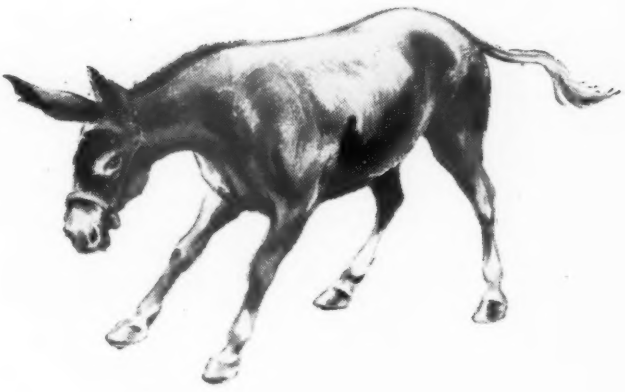
following this advice. In pursuing solutions to problems through integration rather than by other methods, there is always danger of re-evaluation of desires and goals on both sides in light of the total situation—for it is only when a situation is seen in its totality that issues will stand out uncolored by fixed ideas, prejudices, and the inevitable obscurities of language, symbols, and special interests.

Contrary to what many would have us believe, true integration is not impossible to attain, although its concept may be elusive or foreign to some. Solutions can't be *ordered*; they must be arrived at by *joint* understanding and agreement. Aggression reaps aggression, distrust invites distrust, and, as it has been put so aptly, "we do not gather grapes from thorns, nor figs from thistles."

We are not alone in the health field; therefore, we must learn to respect each other's findings. We cannot continue to measure the same problems by different graduated yardsticks and expect to come up with a mutually satisfactory conclusion. If we nurses are to change our patterns of thinking and behavior, we will find more satisfaction, more harmony, and a more secure future in open mindedness, cooperative and integrative thinking, and coaction than we will in bargaining, in coercion, in domination or in compromise.

—ALICE R. CLARKE, EDITOR

Jenny doesn't live here any more!



YES, in the modern coal mine there's no room for Jenny. Today, powerful electric locomotives pull 50 times the load that Jenny hauled to the mine surface.

And in today's mine, even the traditional pick and shovel are out-of-place! More than 90% of *bituminous* coal is now mechanically cut, over 70% is mechanically loaded. Result: more economical coal to light the way, fuel the fires, power the progress of America.

But, basically, what caused Jenny to disappear? What's behind American industry's ever-more efficient machines that turn out goods at lower cost—thus making them available to more people? One word tells the story—COMPETITION.

In the coal industry 5,000 privately managed coal companies compete with one another. When one company develops more efficient methods, the rest can keep pace only by striving to improve even further. No wonder that, with his modern machines, the American miner's daily output is 4 to 24 times that of any miner in Europe or Asia—most of whom work in government-controlled coal industries.

Just as competition spurs *you* on to trying harder—competition goads the individual company to deliver products that will outsell. And competition keeps a whole industry on its toes, cutting distribution costs, opening new outlets, delivering better products.

Competition—not government control—has already made America the most productive nation on earth. Competition—not regimentation—points the way to ever greater plenty for all of us.

★ ★ ★

This report on PROGRESS-FOR-PEOPLE is published by this magazine in cooperation with National Business Publications, Inc., as a public service.

THE COMPETITIVE SYSTEM DELIVERS THE MOST TO THE GREATEST NUMBER OF PEOPLE



on your feet all day?

wear

ACE® Full-Footed Elastic Hosiery

SMART LOOKING
COMFORTABLE
MEDICALLY CORRECT

If you're on your feet all day, you'll *feel better* with **ACE** Elastic Hosiery. These smart looking hose keep you comfortable throughout the day by providing medically correct support to all leg structures.

Only **ACE** Elastic Hosiery offers you all these outstanding features:

SHEER: Knit of nylon-covered latex — scarcely distinguishable from service-weight nylons.

FULL-FOOTED: *No overhose necessary.*

FORM-FITTING HEEL: Enables hose to be drawn snugly onto leg, eliminating unsightly wrinkles.

NON-ELASTIC NYLON TOE: Assures flexibility, ease and comfort without cramping of the toes.

SUSPENSION SUPPORT: Two-way stretch provides medically correct support to entire venous tree.

ACE Full-Footed Elastic Hosiery for Women is available in white, beige and black in a wide range of lengths and foot sizes.



Fashioned by

BECTON, DICKINSON AND COMPANY
RUTHERFORD, N. J.

B-D

makers of famed **ACE** Elastic Bandages

[*Continued from page* 30]

industry, for doctors' offices, for visiting nurse associations, and for other functions must appreciate the fact that the hospital deficit or the cost of providing these nurses is a community job and possibly should be subsidized from some source other than the sick patient in bed.

Mr. Payne: And don't leave out the federal hospitals and all the other federal programs that are usurping our nursing supply. I'm not talking about government grants as a solution—I'm talking about the government training its nurses in its own hospitals.

Mr. Jones: I agree with that, except for this. There are just so many girls graduating from high schools with the necessary intellectual ability to become nurses. If the federal hospitals start training student nurses they're going to take those student nurses away from our hospitals. If the government does not wish to train student nurses, I maintain that it is time to pay the voluntary hospitals on some kind of a carefully calculated basis the cost of training and educating those nurses which the federal government must have to run its hospitals. And that is not a government subsidy. That's no more a subsidy than the government paying for the care of indigent patients.

Mr. Payne: I agree to that. But I disagree on the thought that a government educational program would draw girls away from our only supply. I don't think we're digging too deep into the supply, I think we just aren't getting there soon enough. Some of these commercial colleges and various other activities that girls go into today are getting there before we do. Nursing schools' recruitment seems to be pushed way back.

Mr. Jones: I'd like to point out that it isn't just the hospital that runs a school of nursing that should be working at recruitment. Every hospital, particularly those without schools of nursing, ought to be working in the high schools in their area to recruit student nurses. If we get that kind of united recruiting I think we'll probably get a few more students, but I am still afraid there just aren't enough young women available to fill all of our schools.

Hospital or Diploma School?

Miss Clarke: During this discussion your emphasis has been on hospital schools. Regardless of how much it's costing hospitals to educate student nurses, you evidently feel that the hospital is the proper place for this education?

Mr. Payne: No, I don't. I think the university or college is the place. I think the hospital school of nursing day is almost gone. Education belongs in a school and not in a hospital.

Miss Clarke: Do you think this thinking is reflected among other hospital administrators?

Mr. Payne: Well, that's a delicate subject. I think that a lot of hospital administrators who are opposing losing their training schools, so called, realize that the hospital is not necessarily the place for educating nurses, and have come around to the thought

for each, according to her need

so comfortable

so efficient

so safe



TAMPAX

the intravaginal menstrual guard...

3 absorbencies:

REGULAR · JUNIOR · SUPER

If you haven't yet tried TAMPAX, use this coupon now.

TAMPAX, INCORPORATED RN-23
Palmer, Massachusetts

I would appreciate a professional supply of TAMPAX.

*Name*_____

*Address*_____

*City*_____

that they must somehow turn over the educational phase of a nurse's preparation to a university or to a college.

Miss Clarke: What do you think made them change their thinking? Do you think it might have been the cost analyses of nurses' education?

Mr. Payne: I think it probably was the state boards of nursing examiners, because they've made standards so high that many administrators see that only a university or a college has the required faculty.

Mr. Jones: I think there's a very definite, clear-cut place now and in the future for both types of schools of nursing. Certainly the large hospitals with good faculties will continue to run, in many instances, their own schools of nursing. But then it seems to me there's a place for a college, a university, maybe a high school vocational system, maybe straight high schools in some towns, which can utilize a great many hospitals, small and medium, in the whole area for their clinical practice. I don't think we're going to see a clear-cut pattern one way or the other. I believe there's plenty of room for both types.

Mr. Payne: I agree with that. I think the day will come when hospitals that used to have schools of nursing but closed them will offer clinical training in a vocational nurse school set-up. You call graduates of such schools practical nurses up here—we don't. We think all nurses should be practical. I believe that many schools could be formed for vocational nurses, or practical nurses, or whatever you want to call them, in hospitals which today do not have any kind of educational program. And I think that will probably solve some of our bedside nursing problems.

Miss Clarke: The two points that come up when you're advocating education of the nurse on the college level, whether it's in the junior college or in your full four- or five-year program, are:

1. Who's going to pay for the education of the nurse and her higher education?

2. After you produce this "degree" nurse, how are her services going to be paid for?

Mr. Jones: I think we're shooting to have everybody from the director of nurses—all the educational people in hospitals down through the level of an assistant head nurse, in the category of people with a degree. Not for the degree's sake, but so that they will have a background of human relations, personnel management, administrative technique—subjects that nurses don't learn much about in a three-year course. Then, 10 per cent of the bedside personnel would be professional nurses with degrees. From that 10 per cent the promotions to higher positions would be made. Below this level, we will have entirely practical nurses, nurses aides, orderlies, and ward clerks to do the bookkeeping.

Mr. Payne: I think we are overlooking some prospective students. In our Southern part of the country particularly we have many fine young Negro women who are high school graduates. Some of them have gone to college, some of them would like



Style #300,
$8.95

This is *it!*

THE CLINIC SHOE

REG. U. S. PAT. OFF. AND CANADA

for Young Women in White

6 to 1 choice of nurses throughout the nation*

This is *why* Clinics are so much in demand:

- **Clinics are softer... stronger... smarter!**
- **Clinics are *the* quality... comfort... fitting shoes!**
- **Clinics are priced to please your budget, too!**

$7.95 to $9.95

Genuine Goodyear Welts



Style #406,
$9.95



Style #411,
$8.95

All styles 3½ to 10, AAA to C. Some styles 3½ to 12, AAAA to E. Off-duties in brown or black calf.

*...over any other brand, according to a survey by a leading nurses' journal.

FOR YOU... a complimentary pair of white shoe laces and the new Clinic style folder showing every Clinic shoe made. Send name and address to:

THE CLINIC SHOEMAKERS, 1221 LOCUST ST., DEPT. RN-2 ST. LOUIS 3, MO.

to go. We have only one school of nursing for Negroes in our state, and I think that we ought to consider the possibility of building our reservoir of nurses in the Negro group to a larger degree. Also, I think that we have failed to utilize men. The Army think they have to be glamorous and take women nurses. But actually I think they ought to recruit men nurses to a large degree for overseas duty.

Miss Clarke: You've been reading Westbrook Pegler.

Mr. Payne: What? I don't know where I got it, but I've believed it a long time. My feeling is that we have not tried to get men nurses, we've done very little to encourage them to come into schools, and we've done very little to compensate them.

Mr. Rankin: Regarding Negro nurses, I think there are several thousand Negro graduates in the South who could qualify for good nursing schools.

Mr. Payne: Of course, you're talking about a situation that is not limited by any laws or anything else. Where I come from we have certain laws that require segregation.

Mr. Jones: Do you have Negro graduate professional nurses, or practical nurses, or nurse aides or orderlies working in the hospital caring for all patients?

Mr. Payne: Yes, we have some Negro orderlies and some Negro maids and aides on several of our floors. We only have one Negro floor, with a Negro head nurse who has her bachelor of science degree in nursing. She is a fine, enthusiastic young woman who has the respect of all.

Miss Clarke: Have you Negro nurses on your other floors?

Mr. Payne: We have Negro attendants, but we don't have enough Negro nurses.

Miss Clarke: How many do you have?

Mr. Payne: We have two—two registered nurses. The rest of the nurses on the Negro floor are white nurses, with Negro aides and attendants.

Mr. Jones: I think we're being economically crazy when we do not make use of that reservoir of fine young women from the Negro group to care for white and Negro patients in our hospitals.

STRIKE?

Only one nurse will be left at Eureka General Hospital in Eureka, California, where 23 other R.N.'s have handed in resignations as of January 10, over a contract dispute, according to newspaper reports. The mass resignation, apparently sanctioned by the California State Nurses Association, was announced by Edna H. Behrens, one of CSNA's assistant directors. Nub of contention was the refusal of the hospital to renew an agreement in effect during the past year, which called for wages of $260 a month for a five-day, 40-hour week. In defense of its position, hospital spokesmen stated that since other hospitals in the area were not bound by contracts, there was no reason for Eureka General to continue its agreement. (Under the National Labor Relations Act, nonprofit hospitals are not compelled to participate in collective bargaining.)

Mothers-to-be will thank you!



Yes, expectant mothers will thank you for the fast relief they get from the heartburn distress of stomach hyperacidity—when you recommend CHOOZ.

This refreshing, antacid chewing gum gives wonderful results, *often when all other remedies fail.* Here's why!

The antacid ingredients in CHOOZ act promptly to neutralize excess stomach acids. And the *chewing* itself helps stimulate the flow of saliva, heightening the desired antacid benefits . . . helps give longer-lasting relief. Chewing also helps relax nervous tension.

CHOOZ contains no soda, cannot cause "acid rebound". It's entirely safe in usual dosage during pregnancy and may be recommended with confidence. For trial supply *free,* mail this coupon!

CHOOZ

CHEWING IS THE SECRET

COMMENDED BY THE CONSUMER SERVICE BUREAU OF PARENTS' MAGAZINE

PHARMACO, INC., Dept. RN-2
Kenilworth, N. J.

Please send me a generous trial supply of antacid chewing gum, CHOOZ, absolutely free.

Name_____

Address_____

City_____ Zone_____

State_____

(Offer limited to Nursing Profession)

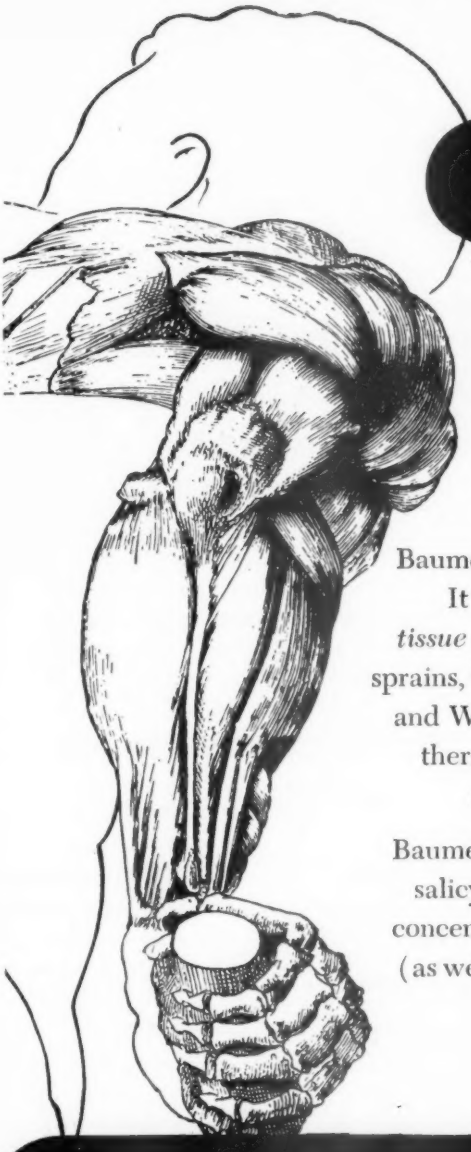
Follow the Leader

[*Continued from page* 55]

to make an honest, constructive criticism of a staff member if the occasion arose. It is well to remember that a recipient does not harbor resentment over deserved criticism when it has been directed in a pleasant manner. A kindly nod or a smile from the intelligent nurse leader accompanied by "Hello, John, how's your little boy today?" will make even the porter's heart a little lighter and his day brighter. And all because the "boss" no less, has personally asked about what concerned *only* him.

Preaching is easy. Practicing is more difficult. It will take close observance as well as humility on the part of the nurse leader to remember that basic human needs are just as predominant in the lowliest employe as they are within herself.

In teaching the child with cerebral palsy to speak, first consideration should be given to his psychological and physiological readiness before concentrating on direct training methods, according to Dr. Harold Westlake, director of the speech and hearing clinic, Northwestern University. The booklet, *A System for Developing Speech with Cerebral Palsied Children,* published by the National Society for Crippled Children and Adults, is a guide to the methods which Dr. Westlake advocates. Copies of the pamphlet may be obtained at 25 cents each from the National Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill.



going deep

The "hyperkinemic" activity of Baume Bengué goes beneficially deep. It enhances blood flow *through the tissue area* in arthritis, myositis, muscle sprains, bursitis and arthralgia. As Lange and Weiner[1] determined by the use of thermo-needles, hyperkinemic effect may extend to a depth of 2.5 cm.

Baume Bengué also promotes systemic salicylate action. It provides the high concentration of 19.7% methyl salicylate (as well as 14.4% menthol) in a specially prepared lanolin base to foster percutaneous absorption.

Baume Bengué

ANALGESIQUE

1. Lange, K., and Weiner, D.: J. Invest. Dermat. 12:263 (May) 1949.

Available in both* regular *and* mild *strengths.

Thos. Leeming & Co. Inc. 155 E. 44th St., New York 17, N.Y.



MENNEN
BABY MAGIC SKIN CARE



Baby Magic means smoother skin for babies... less work for you. It checks and helps prevent diaper rash . . . checks diaper odor, too. Baby Magic is delightfully fragrant . . . a fast-absorbing, non-greasy liquefied cream, approved by pediatricians all over America. You can recommend it to your patients with complete confidence.

NEW GIANT ECONOMY SIZE

ONLY 98¢ tax free

SAVES MOTHERS 77¢, CONTAINS ALMOST 3 TIMES AS MUCH AS 59¢ SQUEEZE BOTTLE

SPECIAL FOR NURSES . . .

***unbreakable* SQUEEZE BOTTLE DISPENSER**

Send for this handy 6 oz. dispenser . . . you'll find it's extra easy to use. (Keep it filled with Baby Magic from the giant economy size.) Send 15¢ in coin . . . sorry, no stamps . . . to THE MENNEN COMPANY, Dept. RN-2-3, 345 Central Ave., Newark 4, N. J.

15¢



OFFER EXPIRES IN 90 DAYS

MENNEN *baby specialist since 1880*

Candid Comments

[*Continued from page* 50]

their attitudes. We cannot do anything vital about correcting conditions until we know what causes them. Every new medical discovery brings new benefits to mankind, but it also brings large problems of adjustments to nursing. Every new demand for nurses creates new and better opportunities for nurses, but it also creates a need for a wiser and more modernized use of nurses. When we understand *why* the impact of these things has profoundly affected nurses and nursing, we understand many things. Our profession isn't standing still! All over the land in small institutions and large, thousands of eager, earnest nurses are *constantly* thinking, studying, working to find better ways of meeting their great new responsibilities. So are our professional organizations. The sum total of all this effort will inevitably bring solutions. Our problems seem overwhelming today, but not one of them is static, not one but will give way before the assembled intellectual and moral forces of nursing.

To the students I say: Hold fast to your faith. Once you grasp the idea that the whirlpools about you are not as ominous as they appear, but are the signs of the river beneath, you will begin to grasp the true meaning and magnificence of nursing. This awareness grows with experience, and comes into full bloom as the years go on. Nursing itself has lost nothing—rather it has gained. Wherever nurses go they carry only good. And nurses have gone many places in many lands, always with tidings of health and the means for helping people achieve it.

The greatest service we can ever render to anyone is to help him help himself—to help him realize his fullest potentialities. Nursing offers endless and rewarding opportunities for this kind of help. It is why nurses may lead three or four different kinds of lives and still always be nurses. Every day, countless numbers of nurses, and doctors, are quietly, modestly, and even heroically performing acts that help numbers of people—helping them, not in dramatic scenes but in the simple routines that save life and promote health.

On rare occasions an act gets into the headlines as did the recent operation at the University of Illinois Research and Educational Hospitals to separate Siamese twins. For almost thirteen hours doctors and nurses worked in utter absorption, completely oblivious of fatigue and strain. "The skill and devotion involved could not have been bought for any sum of money," says the *Chicago Daily News* in an editorial captioned "Devotion Beyond Price." Devotion beyond price! Why? Not for headlines, not for glory, but only to be true to our dedicated purposes of helping each other. That was the theme of our first generations of nurses. It is the theme today, despite surface deviations. And it will be the theme of tomorrow when our next generation takes over.



OXFORD TIE, the perfect "on duty" shoe

the softest shoes that ever walked

Haymakers

You've never known a good-looking shoe that could be so comfortable, fit so perfectly, support so easily and firmly. It's light as a feather and hand crafted from a single cradling of softest leather. There isn't a seam, bulge or ridge on the sole. When you're on your feet constantly, you appreciate Haymakers. ***In white, also in brown, black, red, green or navy blue calf.*** ***$14.95***



THE PUMP the "off-duty" treat for your feet. Same colors as the Oxford, plus bamboo and smoke grey

AT FINE STORES EVERYWHERE, OR MAIL COUPON

HAYMAKERS BY AVON,
DEPT. RN-2, 47 WEST 34TH STREET, N. Y. C.
PLEASE SEND ME HAYMAKERS AT $14.95 A PAIR.

	SIZE:	WIDTH:	COLOR:
OXFORDS:			
PUMPS:			

NAME_____

ADDRESS_____

CITY_____ STATE_____

ENCLOSED IS MY CHECK☐ MONEY ORDER☐

$100,000 for Research

[*Continued from page* 31]

will be administered under the supervision of Dr. McManus and by an executive officer, who will be in charge of program development. The resources and the faculty of the Division of Nursing Education at the college will be drawn on for consultation or special assignment.

Dr. McManus said that "outstanding people in field institutions will be brought in as associates of the regular staff of the center for certain projects." Graduate students will also work with the staff. Fellowships have been awarded to several nurses to do advanced study in the new agency.

Research and field service will be related to other departments of Teachers College, so that the service of specialists in such fields as testing, administration and curriculum can be used. When implemented in this way, Dr. McManus said, research and experimentation will be "given such clear recognition that it will tend to attract the serious attention of workers throughout the nursing profession."

Although research has long been carried on in the regular instructional program of the college's nursing division, center staff members will "not be submerged under pressing demands of teaching and field service," she pointed out. It is the aim of the center to make research, experimentation and field service the main duty of its staff.

"The center will be comparable, in

organization and function, to the research and field work of organizations established in other areas of education at Teachers College, and which have proved successful for the effective and economic administration of research," Dr. McManus said.

The center will administer two experimental projects previously undertaken by the nursing division. The first, financed by the W. K. Kellogg Foundation, is seeking to improve the practice of nursing by cooperative study of specific problems in the Teaching-Demonstration Center for Nursing Service Administration at the Francis Delafield Hospital in New York City.

The second is a cooperative plan for developing two-year nursing programs in junior and community colleges and hospital schools of nursing.

Dr. McManus, who is a former chairman of the joint committee on research for six national nursing organizations, declared that "this is a strategic time to make an all-out effort to study urgent nursing problems in the United States.

"The gap between the public need for nursing and the amount, kind and quality of care available is growing sharply as a result of present methods of providing this service and of training," she explained. "There is also deep concern among nursing leaders that training keep pace with nursing needs."

Dr. McManus believes the center will be strongly linked to the increased interest in bringing nursing into the general system of education in the country. She reported a greater willingness of colleges, universities and technical schools to establish nursing programs, and said the trend is likely to be stepped up and simplified through research undertaken by the center.

Finally, there is clear evidence, Dr. McManus asserted, "that nurses and nursing organizations are concerned, as never before, with coming to grips with nursing problems as a whole—'across the board'—including nusing care in the home, hospital, and other community medical and health agencies, and with the proper preparation of personnel for changing nursing functions.

"Constant and systematic research by the center should stabilize and give direction to these trends," she declared.

● *Working Wives and Mothers*, published by the Public Affairs Committee, New York, is a down-to-earth approach to the problems confronting married women with jobs away from home. Written by Stella B. Applebaum, the pamphlet discusses the married woman jobholder of today and her dual function as a homemaker and as part of the nation's labor force. It stresses the need for qualified child care centers and for better community services such as convenient laundry and shopping facilities. The booklet is available for 25 cents from the Public Affairs Committee, Inc., 22 East 38th Street, New York 16, N.Y.

Keep the beauty of your skin



Lanoline supplements the natural oils of your skin. It provides protection against the drying effects of soap and detergents.

• smooth and creamy •

• delicately perfumed • pleasant to use •

'Wellcome'® *brand* Toilet Lanoline

with Solid and Liquid Petrolatum

purse size ¼ oz. tubes
desk size 1¼ oz. tubes
for the nursery 1 lb. jars

To: **BURROUGHS WELLCOME & CO. (U. S. A.) INC.**
DEPT. B2, TUCKAHOE 7, NEW YORK

Please send me a sample of 'Wellcome'® brand Toilet Lanoline with Solid and Liquid Petrolatum.

Name: _____

Address: _____

_____

free sample on receipt of this coupon

Positions Available

ADMINISTRATIVE SUPERVISOR: For 3-11 duty in a general hospital (338 beds including bassinets) situated in attractive residential area. School of Nursing—153 students. 40 hr. week, salary determined by qualifications of individual. Bachelor's Degree in Nursing Education desired and experience in supervision essential. Apply Director of Nursing, The Toledo Hospital, Toledo, Ohio.

ADMINISTRATORS: (a) Important rehabilitation assoc., long estab'd, must be qual. promote & direct new workshop. $6000. City 175,000. (b) New Crippled Children's hosp. 60 beds, lge. city univ. med. center, S. (c) Fairly new gen'l hosp. 40 beds. Minn. (d) 50 bed municipally operated hosp. To $7000. Ill. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ADMINISTRATORS: (a) Gen. 70 bed hosp. nr. NYC. $7500. (b) Small gen'l hosp. suburb lge.city, MW. $5000. (c) Asst. Adm. children's hosp., univ. center, SW, Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: 60 bed General Hospital in S.E. Wisconsin short distance from Milwaukee and Chicago. Salary open. Inquire Administrator, Memorial Hospital, Burlington, Wis.

ANESTHETIST: Registered Nurse Anesthetist. Starting salary $330. Automatic increases to $360. Two meals and laundry provided. 40 hr. week. No obstetrics. Liberal vacation and personnel policy. Sutter Hospital, Sacramento, Calif.

ANESTHETIST-NURSE: 600 bed approved general hospital, liberal personnel policy. Salary dependent upon experience. Apply Personnel Director, Good Samaritan Hospital, Cincinnati 20, Ohio.

ANESTHETISTS: (a) Ass'n. group 15 board men. $6000-$7200 MW. (b) Qual. serve as chief nurse, new hosp. of Amer. Industrial Co. So. Amer. Working knowledge Spanish req. (c) Gen'l 200 bed hosp. univ. town. $450-$500, mtce. (d) Ass'n. medical anes. group, Calif. (e) Modern gen'l hosp. foreign operations leading industrial co. $7200. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: (a) Long estab'd clinic-hosp. 10 distinguished men, 80 beds, very desirable twn, Calif. (b) Teaching hosp., excel policies, $500, central. (c) Gen'l hosp. 80 beds. $500. Residential twn 15,000, scenic area, S. (d) Gen'l vol. hosp. 45 beds. $450, full mtce, lovely twn near Wash. D.C. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

CLINIC, INDUSTRIAL, OFFICE: (a) Two clinic nurses, 30 man group, univ. & resort city, SW. (b) Industrial. Leading co. 5 day week. $75 weekly, Chicago. (c) office nurse by Board specialist, Calif. (d) Office by OB-Gyn. Diplomate, resort city, So. (e) Visiting Nurse, insurance co. $350, MW. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

CLINICAL INSTRUCTOR: For obstetrical and pediatric nursing. Faculty status degree required. 80 students in accredited school of nursing offering 3 year diploma program. Connected with 300 bed well-equipped general hospital. Liberal personnel policies including 40 hr. week, all cash salary. Apply to Director of Nursing, Mercer Hospital, Trenton 8, N.J.

CLINICAL INSTRUCTOR: Degree necessary, preferably in Nursing Education. New school of nursing being built. Within commuting distance of Philadelphia. Excellent working conditions, 40 hr. week, automatic raises. Salary $4380 annually. Write full data to Box HPO-2 c/o R.N. Magazine, Rutherford, N.J.

CLINICAL INSTRUCTORS: Obstetrical Supervisor-Instructor, Medical-Surgical Clinical Instructor, for newly remodelled depts. in 180 bed Lutheran Hospital. Salary commensurate with educational background and experience. 40 hr. week, 4 weeks vacation annually, seven paid holidays and six days sick leave annually. Contact Director of Nursing, St. Luke's Hospital, Delaware & Robinwood, Toledo 10, Ohio.

DIRECTOR OF NURSES: (a) Gen'l vol. hosp. 200 beds, able dir. admin. & clinical authority for nurs'g service & educational program. Degree req. Coll. twn near Chgo. To $5000, mtce. (b) Degree in education, gen'l vol. hosp. 100 beds, 45 students. Temporary accreditation, lovely apt., full mtce, excel. policies, Ill. (c) Gen'l hosp. 400 beds, commuting distance two universities. M.S. or equivalent. General super. of nursing care incl. super. of staff & in-service training prog. for graduates. Substantial salary, liberal policies. Central. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSING: 100 bed approved pediatric hospital. B.S. Degree in Nursing. Full paid staff, graduates and practicals, nurses aide training program. 40 hr. 5 day week, living accommodations, salary open. Submit resume in detail stating qualifications and experience to Mr. D. O'Neill, Director, Babies' Hospital, 15 Roseville Ave., Newark, N.J.

DIRECTORS OF NURSES: (a) Vol. gen'l hosp. 300 beds, 90 students, Calif. (b) Gen'l 200 bed hosp. univ. affiliations. $6000, mtce., attrac. apt, E. (c) Nursing serv. small gen'l hosp. $5000, mtce., Chicago area. (d) Nursing serv. new hosp. 300 beds. Resort city, So. $5000, mtce. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

EDUCATIONAL DIRECTOR: 200 bed general hospital, Southeastern U.S., with a school of nursing for 75 to 100 students. The school was founded in 1906. 4 weeks vacation, 12 working days sick leave. Leaves of absence for educational purposes, 45 hr. week. Salary open. A warm southern community offering the cultural advantages of a large city but maintaining friendly quiescence. The McLeod Infirmary, Florence, S.C.

EDUCATIONAL DIRECTOR & NURSING ARTS INSTRUCTOR: 125 bed general accredited hospital in eastern North Carolina. New educational department with finest equipment and excellent library. Salary open. Apply to Director School of Nursing, Lenoir Memorial Hospital, Kinston, N.C.

FACULTY POSTS: (a) Ed. dir. BS in nurs. ed., at least 3 yrs. in psychiatric nurs'g with head nurse, admin. & teach'g exper. One of best-equipped mental hosps. in tropical island of Amer. dependency. 1000 beds. $365 plus rm, bd. & lndry. Excel, pers. pol., wonderfully mild climate. (b) Dir. Nurs. Ed. MS. Gen'l vol. hosp. 350 beds. 200 students, affil. univ. med. school. Substantial salary. Lge city of south. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

FACULTY POSTS: (a) Educational dir. school operated under Amer. auspices, tropical country. (b) Ed. dir. important hosp. univ. town, MW. $400. (c) Science and nursing arts instructors, small school, coll. town, E. $4000, complete mtce. including own apts. (d) Clinical instructors, medicine, surgery, lge teaching hosp. univ, city, Pac. Coast. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY: (a) Five. New Hosp., Calif., fare refunded. (b) New hosp. foreign plant, Amer. co. $350 plus living allowance, $220. (c) New hosp. coast town, Pac. NW. (d) Two. Gen'l hosp. Pacific Islands. $4290. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY NURSES: For 120 bed hospital. Starting salary $215 plus full maintenance. Surgical Nurses: Starting salary, $225. Additional $10 for evening and night duty for month. Regular increases. Nurses' home recently redecorated and refurnished. Liberal personnel policies. Hospital approved A.C.S. Southern Wyoming community of 12,000. Write or wire Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: New 100 bed hospital. Starting salary $260 and up, plus one meal and laundrying of uniforms. Increase after 6 months. Good working conditions. Write Medical Center Hospital, Odessa, Tex.

GENERAL DUTY NURSES: Needed in 200 bed T.B. Sanatorium. Positions now open on 3 non-split shifts. Located in small Southwestern town, 1 hr. drive from Albuquerque, N.M. $210 per mo. with full maintenance. Accumulative annual leave and sick leave. Retirement and insurance benefits. Periodic salary increases. Opportunity for pediatric and recovery room nursing. Apply Chief Nurse, State T.B. San., Socorro, N.M.

GENERAL DUTY NURSES: 75 bed general hospital in Southern California. 40 hr., 5 day week. Prevailing salaries paid. Full maintenance available. Apply Director of Nurses, Redlands Community Hospital, Redlands, Calif.

GENERAL DUTY NURSES: Medical & Surgical floors and Operating Rooms. Starting salary $11 per day, 40 hr. week. Bonus for P.M. and night duty. Alternation shifts when necessary. Living quarters $18 per mo. Excellent transportation to all areas. Write Director of Nurses, Doctors Hospital 12345 Cedar Rd., Cleveland Hts. 6, Ohio.

GENERAL DUTY NURSES: For 114 bed general hospital. Beginning gross salary $242 plus meals and uniform allowance. $10 evening and night bonus. 3-11 and 11-7 positions available. Apply Paul O. Huth, M.D., Supt., St. Francis Hospital, Cambridge, Ohio.

GENERAL DUTY NURSES: For 650 bed hospital central Calif. Salary $273-$320 per mo. 40 hr. week, liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market, Stockton, Calif.

GENERAL STAFF NURSES: Liberal personnel policies, 40 hr. week. Basic salary $220



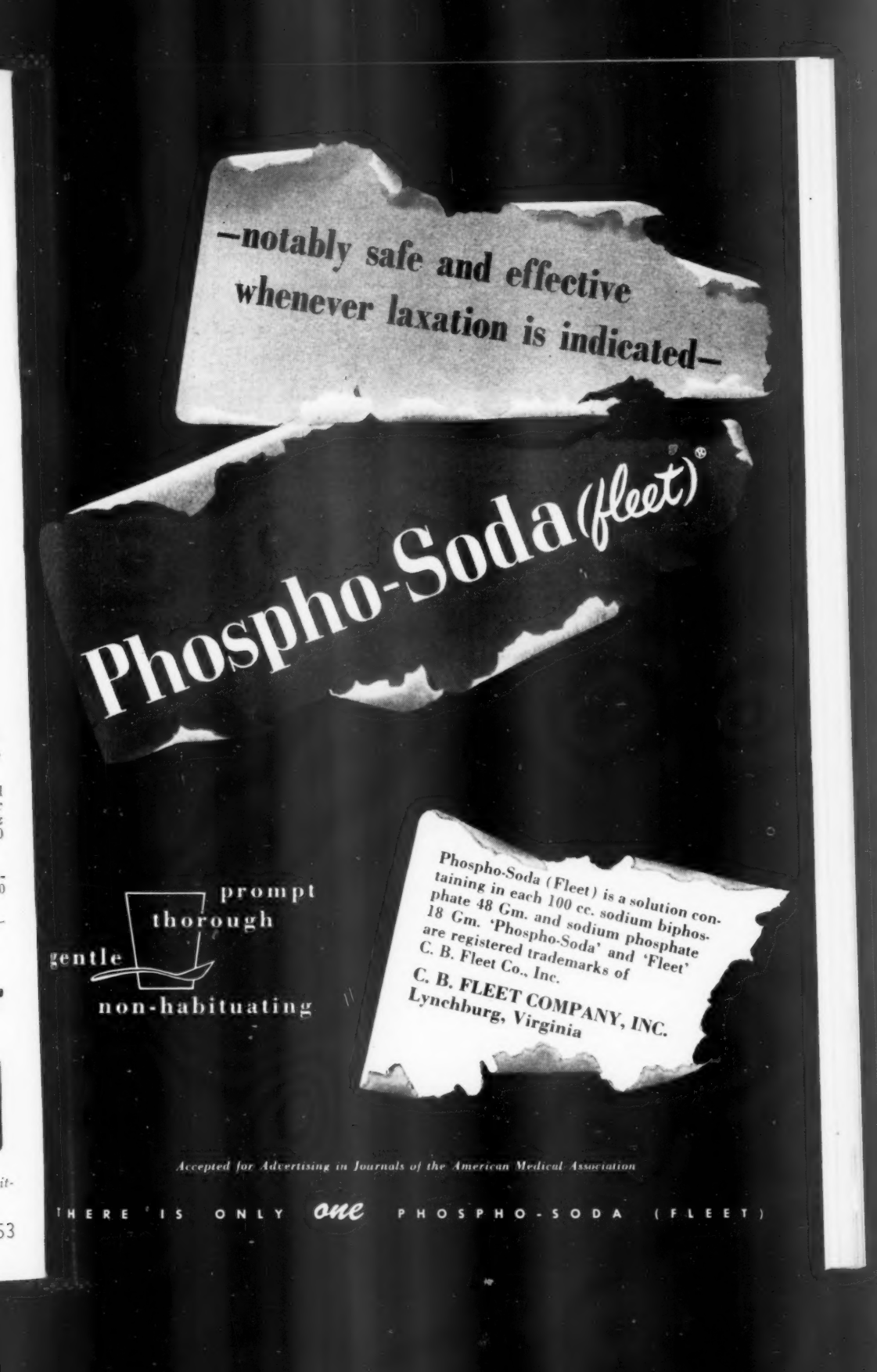
148,920 hours of honor

Yes, over 17 years of professional use and respect in offices, clinics and hospitals ..in BURN THERAPY.

CARBISULPHOIL COMPANY
2937 SWISS AVENUE, DALLAS, TEXAS

FOILLE
EMULSION • OINTMENT

"You're Invited to Request Literature and Samples."


—notably safe and effective
whenever laxation is indicated—
Phospho-Soda (fleet)®
prompt
thorough
gentle
non-habituating
Phospho-Soda (Fleet) is a solution containing in each 100 cc. sodium biphosphate 48 Gm. and sodium phosphate 18 Gm. 'Phospho-Soda' and 'Fleet' are registered trademarks of C. B. Fleet Co., Inc.
C. B. FLEET COMPANY, INC.
Lynchburg, Virginia
Accepted for Advertising in Journals of the American Medical Association
THERE IS ONLY one PHOSPHO-SODA (FLEET)

We lose money on this offer

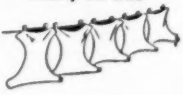
Dexter Diaper

The No-Folding diaper that absorbs like a sponge—fits all age babies — saves time, work, space for mother.

- Twice as many in tub
- 3 Times as many on line



25c for sample diaper Pins-on-chain Helpful booklet





• EVEN DAD CAN DO IT

BIB •



CARRYING CLOTH •



It cost us more to make this offer than the 25c we ask, therefore just one sample per person, please



BURP CLOTH

SEND 25c TO:
FRED DEXTER DEPT. R HOUSTON 8, TEXAS
For diaper, pins-on-chain, helpful booklet

TRUE-WHITE DU PONT NYLONS



DIRECT from MILL
AT LOW MILL PRICES
Satisfaction Guaranteed

Thousands bought and praised these marvelous stockings under the trade name NA-RENE. Now we call them CHARMOSE—but nothing is changed but the name. Same sheer dull finish, same lasting whiteness, same long wearing quality. Unmatched for value at today's LOW direct-to-you MILL prices. Buy for yourself and friends and SAVE. State sizes wanted. Send check or M.O. with order. No C.O.D.

51 GAUGE
GUARANTEED FIRST QUALITY
78¢ IN DOZEN PAIRS

6 PAIRS	$5.25
3 PAIRS	2.85
12 PAIRS	9.50

CHARMOSE HOSIERY MILLS, Dept. RN HATBORO, PA.

with evening and night differential. Annual salary increase. New, well-equipped 150 bed hospital near Sun Valley, Idaho. For further information write Director of Nursing Service, Magic Valley Memorial Hospital, Twin Falls, Ida.

GENERAL STAFF NURSES: For Pediatric Service in a 325 bed hospital. Rotating shift, starting salary $205 per mo. for a 40 hr. wk., $15 extra per mo. for evening and night shifts, 14 days vacation, accumulative sick leave and holidays. Opportunity for advancement. Apply to Director of School of Nursing & Nursing Service, Toledo Hospital, North Cove Blvd., Toledo 6, Ohio.

GENERAL STAFF NURSES: For 165 bed general hospital in residential suburb of Chicago. Cash salary $205 for day duty, $215 evening duty and $220 night duty. Full maintenance in addition to salary includes single room in new nurses' residence. $10 increase after 60 days and at regular intervals thereafter. Two to four weeks vacation, 6 holidays, sick time policy. Scrub nurses—remuneration for call. Leave of absence with full salary for post-graduate experience. Write Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

GRADUATE NURSES: The University of Michigan Medical School offers to graduates of accredited schools of nursing a course in Anesthesia of one year duration, covering the administration of nitrous oxide, cyclopropane, ether, barbiturates and rectal agents. All modern techniques are taught including intractrachel, intravenous and the management of such specialties as thoracic and neurosurgery. For information, write the Department of Anesthesiology, University Hospital, Ann Arbor, Mich.

GRADUATE NURSES: Unique opportunity in all clinical fields including tuberculosis. large general hospital in East Coast City. Good starting salary, 5 day week, vacation and sick leave after 6 months. Modern nurses residence for those who wish to live in. Where outside living is preferred, room allowance is made. For information write Box BCH-5, R.N., The Nightingale Press, Inc., Rutherford, N.J.

GRADUATE NURSES: Good personnel policies, 40 hr. week, salary dependent on experience and academic preparation. Opportunity for advancement. Location is near Marquette University. Apply Director of Nurses, Milwaukee Children's Hospital, Milwaukee 3, Wis.

HEAD NURSES-DELIVERY ROOM: 3 PM-11 PM, 11 PM-7 AM shifts. Approved 80 bed general hospital, 18 bassinets, expanding to 30 bassinets within next year. Salary open. 40 hr. week, active department. Pacific Northwest. Box HGS-3 c/o R.N. Magazine, Rutherford, N.J.

HEAD NURSES-STAFF NURSES: To staff general hospital. Starting salary $2400 to $2640 with merit increments. 40 hr. week. 8 paid holidays, annual vacation, accumulative sick leave, retirement plan. Full main-


No matter what your height
NOW also half sizes 12½ to 24½
#666 - LONG SLEEVES
#6660 - SHORT SLEEVES
$8.00
this uniform will fit you perfectly!
shown: style 666 — fine sanforized* poplin.
666S — if your height is about 5' 2"
666R — if your height is about 5' 5"
666L — if your height is about 5' 7"
sizes 10 to 44—$8.00
6660S — 6660R — 6660L same style, short sleeves.
Write for 1953 catalog 'A'
Dix-Make
UNIFORMS
29 West 30th Street
New York 1, New York

tenance available at reasonable rates. One hour from midtown New York. Apply Asst. Supt., Bergen Pines County Hospital, Paramus, N.J.

INSTRUCTOR: Science and related subjects. B.S. Degree preferably in Nursing Education. Small school near Philadelphia, excellent working conditions, liberal personnel policies, 40 hr. week, salary $4500 annually, automatic raises. Write complete data concerning training and experience to Box HPO-1 c/o R.N. Magazine, Rutherford, N.J.

LABORATORY TECHNICIAN: Small hospital, pleasant working conditions. Salary $250 per mo. Apply or write to Doctors Hospital, 111 W. 4th St., Bethlehem, Pa.

LICENSED PRACTICAL NURSES: For modern 650 bed tuberculosis hospital. 40 hr. wk. Good salary, maintenance available at minimum rate. Usual holidays, vacation & sick-time allowance. Apply to: Director of Nursing, Sunny Acres, Cleveland 22, Ohio.

LICENSED PRACTICAL NURSES: Good salary plus maintenance. 5 day, 40 hr. week. Write Director, Nyack Hospital, Nyack, N.Y.

MALE NURSES: (a) Four industrial. Lge co., MW. (b) Science & clinical instructors, orthopedic & OR supervisors. 200 bed gen'l hosp. univ. town. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NIGHT SUPERVISOR: 40 hr. week, salary dependent upon experience and academic qualifications. Good personnel policies. Location is near Marquette University. Apply Director of Nurses, Milwaukee Children's Hospital, Milwaukee 3, Wis.

NURSE ANESTHETIST: Positions avail. in 800 bed Los Angeles Co. Calif. Harbor Gen. Hosp. Approved for resident & intern training. Day assignments, Civil Serv. benefits. Begin $375 mo. with annual advancements to $464 mo. Apply L.A. Co. Civ. Serv. Comm., 501 N. Main, Los Angeles 12, Calif.

NURSE ANESTHETIST: 153 bed general hospital, beautiful country surroundings 23 miles from Philadelphia. Salary open. Complete maintenance. Social Security coverage. One month vacation, sick leave and holidays. Alternate night and week-end calls with two other nurse anesthetists. Apply N. W. Skillman, Director, Chester County Hospital, West Chester, Pa.

NURSE ANESTHETIST: For 250 bed hospital, well equipped and fully approved, predominately surgery. Top salary, meals and laundry furnished. Good hours, sick leave, vacation and holidays. Apply Administrator, Mid State Baptist Hospital, Nashville, Tenn.

NURSE ANESTHETIST: Starting salary $350 mo. Methodist Hospital, 6th St. and 7th Ave., Brooklyn, N.Y. SO 8-6000, Ext. 142.

NURSES: General hosp. 80 beds. 44 hr. wk. Maintenance, rotating shifts, both charge and staff nurses needed. Salary commensurate with qualifications. Hosp. located in central Florida near Cypress Gardens. Write Director, Nursing Service, Winter Haven Hospital, Winter Haven, Fla.

NURSES: Registered, for positions in modern 225 bed general hospital located 3 miles from Washington, D.C. Starting salary $230 per mo. and one meal, with $15 differential for 4-12 shift and $10 differential for 12-8 shift. 7½ hr. working day. Other benefits include free hospitalization insurance, paid annual and sick leave, and holidays or equivalent. Living accommodations available. Apply Director of Nurses, Prince George's General Hospital, Cheverly, Md.

NURSES: General Duty, for 30 bed hospital 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSES: Operating Room and General Staff Duty for 225 bed well-equipped hospital, 40 hr. week, Social Security, sick leave, vacation. Apply to Director of Nurses, St. Francis Hospital, Miami Beach, Fla.

NURSES: General Hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

The New York Hospital-Cornell Medical Center

offers graduate nurses

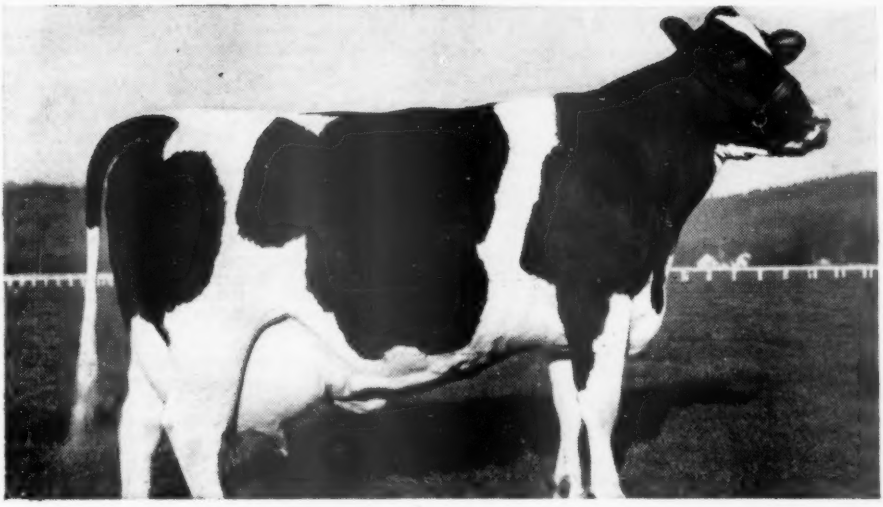
unique opportunities in all clinical fields

Salaries for general staff nurses: $2650*-$3240 yearly, all increases being on a merit basis; bonus of $40 monthly for evening duty, $20 for night duty; 40-hour week, 4 weeks' vacation; possibilities for promotion. Health service, sick leave, retirement benefits, social security. Residence facilities. (*3 months $230; 9 months $240.)

Write for booklet "E" to:

DIRECTOR OF NURSING

525 EAST 68TH STREET, NEW YORK 21, N.Y.



How this Great Champion Helps Protect Your Recommendation of Carnation . . .

MEET CARNATION HOMESTEAD DAISY MADCAP—one of the many world champion cattle bred at the famous Carnation Farms near Seattle. Cattle from these prize bloodlines go to dairy farmers throughout the country to improve the quality of Carnation's local milk supply *...and thus help protect your recommendation of Carnation.*

Carnation Gives Your Recommendation this

5-WAY PROTECTION

1. Carnation accepts only high quality milk for processing. Carnation Field Men regularly check local farmers' herds, sanitary conditions and equipment—reject any milk that does not meet Carnation's high standards.

2. Carnation processes ALL milk sold under the Carnation label. From cow to can it is processed with prescription accuracy in Carnation's *own* plants under its *own* supervision.

3. Carnation quality control continues even AFTER the milk leaves the plant. To be sure of freshness and highest quality, Carnation salesmen use a special code control in making frequent inspection of dealers' stocks.

4. Carnation Milk is available everywhere. Mothers can find Carnation Milk in virtually *every* grocery store in *every* town throughout America.

5. Cattle bred from champions like the one shown above are distributed to local dairy farmers to improve the quality of the milk supplied to Carnation plants.



DOUBLE-RICH in the food values of whole milk.

FORTIFIED with 400 units of Vitamin D per pint.

HEAT-REFINED for easier digestibility.

STERILIZED in the sealed can for complete safety.

"The Milk Every Doctor Knows" "from Contented Cows"

The Best Way

TO FIND A POSITION

To the R.N. confronted with the problem of finding a position, Burneice Larson, founder of the counseling service for the physician, offers the services of The Medical Bureau.

All negotiations strictly confidential.

Opportunities in all parts of America, including countries outside continental United States—with physicians in private practice, clinics, universities, public health agencies, industry, and hospitals.

Please write today for our Analysis Sheet, so we may prepare an individual survey of opportunities in your particular field.

Burneice Larson

Director

THE MEDICAL BUREAU

Palmolive Bldg. CHICAGO

for 27 years, serving the profession with outstanding personnel and opportunities.

Made-to Measure Uniforms



New designs individual tailored to your taste for changes in wide variety of finest cottons, rayons, nylon or Orlon, to give you exactly what you want.
Let us know your requirements, student, graduating or special nurse it will cost you no more for each garment hand cut with shears after order is received giving you that "professional look" and fit in finest quality workmanship.
Write for styles, samples and Easy-to-Measure order blanks now.

MADE-TO-MEASURE UNIFORMS

Georgiana 3, Alabama

OBSTETRICAL TEACHING SUPERVISOR: 118 bed hospital, southern town. Salary $300 if person has degree, $275 if no degree. Room, board and laundry furnished. Social Security, 3 weeks vacation. Address Box HDK-1 c/o R.N. Magazine, Rutherford, N.J.

OPERATING ROOM NURSES: One year's experience required. 5 day, 40 hr. week. Overtime compensated by pay. Beginning salary $270, maintenance available. Apply Superintendent, The Monterey Hospital, Ltd., Monterey, Calif.

OPERATING ROOM SUPERVISOR: 54 bed hospital. 44 hr. week, 6 holidays, vacation and sick leave. Salary dependent on experience and qualifications. Apply Director of Nurses, Susan B. Allen Memorial Hospital, El Dorado, Kans.

OPERATING ROOM SUPERVISOR: Fully approved 80 bed general hospital, very active department, all-graduate staff, 40 hr. week. Pacific Northwest. Salary open. Box HGS-1 c/o R.N. Magazine, Rutherford, N.J.

OPERATING ROOM SUPERVISOR: For 47 bed Pediatric Hospital with all clinical facilities, centrally located in California. Personnel policies in keeping with C.S.N.A. recommendations. Beginning salary $335 per mo. Apply Director of Nursing Service, Valley Children's Hospital, Fresno, Calif.

OPERATING ROOM SUPERVISOR: And two scrub nurses for 54 bed hospital. One major and one minor Operating Room. No surgery scheduled on Saturday and Sunday. Good salary plus maintenance, increase every 6 months. Paid vacations and sick leave. Apply Superintendent of Nurses, Georgetown County Memorial Hospital, Georgetown, S.C.

PEDIATRIC NURSES: For new 47 bed Children's Hospital with all clinical facilities. Personnel policies meet C.S.N.A. recommendations. Beginning salary $260 per mo. Centrally located in California near State College. Openings for all positions. Apply Director of Nursing Service, Valley Children's Hospital, Fresno, Calif.

PSYCHIATRIC STAFF OR CHARGE NURSE: For 80 bed private psychiatric hospital affiliated with a university. Active treatment program. Psychiatric experience preferred. 44 hr. wk. $175 to $200 per mo. with maintenance. Contact Director of Nurses, Highland Hospital, Asheville, N.C.

PUBLIC HEALTH: (a) P.H. supervisor, Pacific Islands. (b) Dir. visiting nurse ass'n, univ. center. $5500. SW. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

PUBLIC HEALTH NURSE: 83 bed hospital, large clinic. Starting salary $241-273 month, 40 hr. week. U.S. Citizen only. Apply Personnel, Los Alamos Medical Center, Los Alamos, N.M.

PUBLIC HEALTH NURSES: Salary $4205 to $4955 and Professional Nurses, salary $3410 to $4160 to train as public health

"MOST EFFECTIVE ...AND PATIENTS DON'T OBJECT"



EASIER-TO-APPLY A-200 PYRINATE LIQUID

KILLS HEAD, CRAB, BODY LICE, AND THEIR EGGS...ON CONTACT!

A NURSE SAYS: "I highly recommend A-200 whenever I find pediculosis in my work as school nurse. It is most effective, and the children don't object because it isn't irritating and has no offensive odor."

Teachers and nurses everywhere write us unsolicited letters similar to the above.

A-200 has won quick and general acceptance by the profession wherever it has been introduced.

A-200 Pyrinate Liquid is easy to use, no greasy salve to stain clothing, quickly applied, easily removed, non-poisonous... one application is usually sufficient. The active ingredients of A-200 are Pyrethrum extract activated with Sesamin, Dinitroanisole and Olearesin of Parsley fruit, in a detergent-water-soluble base. The pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man.



A product of McKESSON & ROBBINS, Inc., Bridgeport, Conn.



nurses. Liberal Federal Government retirement plan, 40 hr. 5 day week, annual and sick leave, opportunities for advancement as well as for study and cultural development in the Nation's Capitol. Apply to: Mrs. Josephine P. Prescott, Director, Bureau of Public Health Nursing, Health Department, D.C., Municipal Center, Washington 1, D.C.

PUBLIC HEALTH NURSES: Vacancies in New York City Department of Health. Immediate appointment on provisional basis. Generalized service includes maternal and child care, school health and communicable disease control. Starting salary $2930, 37 hr. week, liberal vacation and sick time allowances, pension rights, in-service training. Applicants (except New York State Veterans) must not have reached 36th birthday. Write to Bureau of Public Health Nursing, City Health Department, 125 Worth St., New York 13, N.Y.

PUBLIC HEALTH NURSES: Immediate appointment. Salary $311 to $378. Applicants must be eligible for Public Health Nursing Certificate in California and must have a car. Write County Civil Service Office, 236 Third St., San Bernardino, Calif.

REGISTERED NURSES: 150 bed hospital, for all shifts. Staff salary, $250; Supervisor, $275. Evening and night nurses, $300 for general supervisor, night ward supervisor, $275. 2 weeks paid vacation, 5 holidays per yr., 44 hr. week and 1 meal per day. No laundry. Write Director of Nurses, Plainview Hospital and Clinic Foundation, 801-813 West 8th St., Plainview, Tex.

REGISTERED NURSES: For 50 bed active private psychiatric unit. Central Connecticut. $250-$300 starting salary. Day and evening shifts. Paid vacation, hospitalization, sick leave, Social Security, uniform laundry. Group insurance benefits after one year. Attractive off-ground residence available in center small town at nominal charge. Elmcrest Manor, Portland, Conn.

REGISTERED NURSES: Beginning salary $290. Head Nurses beginning salary $310. Thoracic Surgical Nurse maximum $325. 255 bed Tbc. hospital Sierra Nevada foothills. Annual vacation, sick leave, 11 holidays, county pension plan. Complete maintenance available at small cost. Enclose snapshot. Apply Medical Director, Tulare-Kings Cos. Tuberculosis Hospital, Springville, Calif.

REGISTERED NURSES: For university health service. Opportunities for advancement for those interested in full time permanent positions. Modern, completely equipped active out-patient clinics and inpatient infirmary services. Pleasant living conditions, adequate salary and maintenance. Address Box UM-1 c/o R.N., Rutherford, N.J.

REGISTERED NURSES: In progressive 250 bed hospital approved by the American College of Surgeons. Located in beautiful and exciting western city with ideal climate. 5½ day week (41 hrs.), starting salary $3180 per year, increases of $100 per year every 6 months up to 3 years, $10 extra for afternoon and night shifts and operating room,

The difference between this...



and this...



is often this...



PAZO RELIEVES SIMPLE HEMORRHOIDS

- **A Professional Formula**
- **Made to Conform with Highest Ethical Standards**
- **Common-Sense Cost**
- **Each Suppository an Exact Measured Dose**

Swift comforting relief in pregnancies too, when extra pressure causes *added* rectal discomfort. Pazo Suppositories bring fast, soothing relief of pain, itching. Help reduce swelling. Convenient. *Available at all drugstores.*

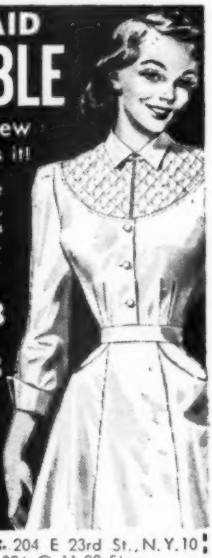


FORMULA: Bismuth Subgallate and Zinc Oxide — astringents with locally protective and soothing action. Camphorated-Phenol (N.F.)—to relieve pain. Resorcin and Benzocaine — to relieve itching. Plus Boric Acid in a Cocoa Butter base.

FREE *For professional sample write*
GROVE LABORATORIES, Dept. R.N.
8877 Ladue Rd., St. Louis 24, Mo.

NURSES SAID IMPOSSIBLE

but . . . **PREEN'S** new FASHION BOOK does it!



Style 396 — 100% DuPont NYLON, quilt-effect yoke, convertible collar, ¾ sleeve. Sizes 11-15, 12-20, 38-46. $11.98

POPLINS from **3.98**
NYLONS from **9.98**

If you haven't received your FREE copy send coupon today or send for uniform illustrated. Money-back guarantee within 10 days.

PREEN UNIFORMS, Inc. 204 E 23rd St., N.Y.10
Send..... (quan.) Style 396 @ 11 98 Size .....
Enclosed is $..... M. O ☐ Check ☐ C.O.D ☐
RUSH FREE 1953 CATALOG ☐
Name .....
Address .....
City ..... State .....
We pay postage on prepaid orders., Dept. R-2

6 paid holidays, 2 weeks vacation after 1 year, 1 day sick leave for each month of employment accumulative to 15 days, hospital insurance paid by hospital after 3 months employment, free laundry of uniforms. Nursery available for employees' children from 7 AM to 11 PM at the charge of $1 per child per day. Write Superintendent of Nurses, Washoe Medical Center, Reno, Nev.

REGISTERED NURSES: General Duty. 40 hr. wk. $200 mo. 4-12 shift, meals & laundry. Delivery room $215 mo. Housing available. Other openings. 100 bed hospital Washington suburbs. Suburban Hospital, Bethesda, MD.

SCHOOL: (a) School, resort city, W. (b) College, co-educational, univ. town, MW. (c) Student health, 300 bed gen'l hosp., E. (d) School, res. town nr. Chicago. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

STAFF NURSE: Generalized public health nursing program, salary dependent upon qualifications and experience. 3 wks. vacation, 7c a mile travel allowance, sick leave and retirement benfits. 40 hr. week. Apply to A. L. Hildinger, M.D., Director, Jo Daviess County Health Dept., Galena, Ill.

STAFF NURSES: For 225 bed Southern California general hospital. 40 hr. week, salary range $245-275. Paid vacations, sick leave. Housing available at $10 month. Apply Personnel Director, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

STAFF NURSES: For modern 650 bed tuberculosis hospital, affiliated with Western Reserve University. 40 hr. 5 day wk. Salary $280 to $310 with automatic increases. Full maintenance available at minimum rate. Usual holidays, vacation & sick time allowance. Advancement for eligible applicants. Meets approved minimum employment standards of the State Nurses' Assn. Apply to: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

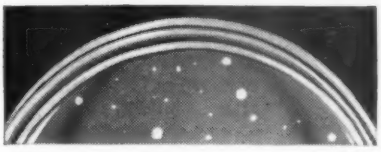
STAFF NURSES: For modern 200 bed hospital, San Francisco Bay area. Basic salary $260 and $10 additional for evening and night duty. 40 hr. week, rotating shifts. Good educational and recreational area. Apply Director of Nurses, Herrick Memorial Hospital, Berkeley, Calif.

STAFF NURSE: In a generalized Visiting Nurse program. Salary $2700-$3480 depending upon public health nursing preparation and experience. 30 day vacation, 14 days sick leave, 40 hr. week. Address Director, Visiting Nurse Ass'n of Oranges & Maplewood, 439 Main St., Orange, N.J.

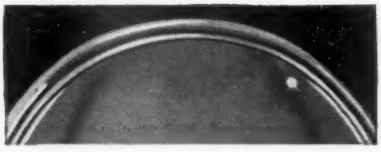
STAFF NURSES: City of 46,000 with unusual cultural opportunities. Wide clinical experience in 1100 bed hospital. 40 hr. 5 day week, 6 holidays and 2 weeks vacation with pay. Salary $257.50 a month for rotating time schedule. Scheduled salary increases based on merit. Generous illness allowance and medical benefits. Housing for $25 or $30 a month if desired. For further details please write Director of Nursing, University Hospital, Ann Arbor, Mich.

DIAL SOAP with Hexachlorophene
effects 95% reduction in skin bacteria

Photomicrographs show why



With ordinary soap. Even after thorough washing, thousands of active bacteria remain on the skin.



With Dial soap. Daily use of Dial with Hexachlorophene eliminates up to 95% of resident skin bacteria.

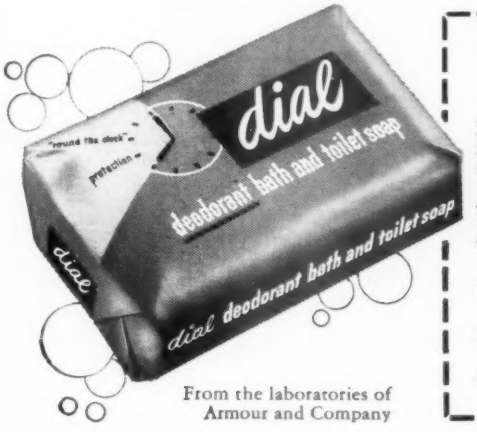
1. *Reduces chance of infection* following skin abrasions and scratches because Dial effectively reduces skin bacteria count.

2. *Stops perspiratory odor* by preventing bacterial decomposition of perspiration, known to be the chief cause of odor.

3. *Protects infants' skin,* helps prevent impetigo, diaper and heat rash, raw buttocks; stops nursery odor of diapers, rubber pants.

4. *Helps skin disorders* by destroying bacteria that often spread and aggravate pimples, surface blemishes.

You know, of course, the remarkable antiseptic qualities of Hexachlorophene soaps, as documented in recent literature. Dial was the first toilet soap to offer Hexachlorophene content to the public. You can safely recommend Dial. Under normal conditions it is non-toxic, non-irritating, non-sensitizing. Furthermore, Dial Soap is economical, and widely available to patients everywhere.



From the laboratories of
Armour and Company

Free to Nurses!

As the leading producer of such soaps, we offer you the free booklet "A Germicidal Soap, Its Significance to the Medical Profession." Send for your free copy today.

ARMOUR AND COMPANY
1355 W. 31ST STREET
CHICAGO 9, ILLINOIS

Name .....

Street .....

City ..... State .....

STAFF NURSES: For 400 bed tuberculosis sanatorium situated about 20 miles from New York City. Beginning salary $258, increments $10 a month yearly to $308, $10 increase for evening or night duty. Full maintenance available at $52 a month. 44 hour week, liberal vacation, holiday and sick time. Pension plan. Apply Supt. of Nurses, Essex County Sanatorium, Verona, N.J.

STAFF NURSES: In hospital for children with rheumatic fever. Excellent salary, good working conditions, maintenance, vacation. Near New York City. Apply Medical Director, Irvington House, Irvington, N.Y.

SUPERVISOR: Medical-surgical unit, fully approved 80 bed general hospital. All-graduate staff, 40 hr. week, salary open. Pacific Northwest. Box HGS-2 c/o R.N. Magazine, Rutherford, N.J.

SUPERVISORS: (a) O.R. Gen'l hosp. 275 beds, attractive city, Calif. Fare refunded. $400. (b) Pediatric, 400 bed hosp. suburb, commuting distances 2 universities, E. (c) Psychiatric. New dept. teaching hosp. univ. city, So. (d) Ass't O.R. gen'l hosp. West Indies. (e) Floor & O.R. New hosp. Pac. NW. $400. (f) Surg. & OB. New hosp. opening in May, So. (g) Orthopedic. Small hosp. univ. town, MW. $400. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SURGICAL NURSES: (a) New hosp. fairly lge. Calif. Fare refunded. (b) Small gen. hosp. outside US. Mild trop. climate. Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

FASHION SOURCES

Misses' bait—black and white checked gingham ensemble #720 — 51
Ann Sutton
1372 Broadway
New York, N.Y.

Half-size hit!—black and white confetti-dot ensemble #411 — 52
Radiant Dress Co., Inc.
525 Seventh Ave.
New York 18, N.Y.

Plaid "Carefree Casual" denim coat-dress #1019 — 52
and Black and white spider-web print #641 — 53
Queen Make Fashions
1350 Broadway
New York, N.Y.

Vibrant black and white striped cotton #100 — 53
Nancy Valentine Originals
1400 Broadway
New York 18, N.Y.

The bulky stole #440 IR — 53
Glentex
417 Fifth Ave.
New York, N.Y.

Shop Talk — 54
Lacy black and white sweaters
Number Knitting
Crown Publishers
419 Fourth Ave.
New York, N.Y.

Pearl-set safety pin and baroque pearl charm bracelet
Aimee Lee
545 Fifth Ave.
New York 17, N.Y.

Gold barrette #8534
Ben Hur Products, Inc.
302 Fifth Ave.
New York, N.Y.

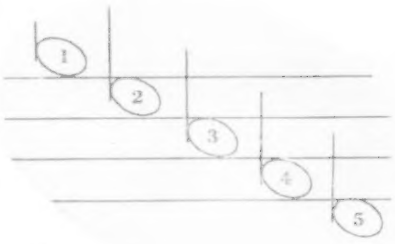
Beautiful Bryan stockings
Leading stores everywhere or
Beautiful Bryans, Inc.
270 Park Ave.
New York 17, N.Y.

Uniform — Front Cover
Bob Evans Uniform Co.
1350 Broadway
New York, N.Y. or
860 S. Los Angeles St.
Los Angeles, Calif.

WHERE TO FIND OUR ADVERTISERS

Almay, Inc. — 92
Armour & Co. — 95
Armour Laboratories — 20
Avon Shoe Co. — 80
Ayerst, McKenna & Harrison, Ltd. — IBC
Becton, Dickinson & Co. — 70
Borden Company, The — 3
Bristol-Myers Company — BC
Brown Shoe Co. — 61
Burroughs Wellcome & Co. — 82
Carbisulphoil Company — 84
Carnation Company — 89
Charmose Hosiery Mills, Inc. — 86
Chesebrough Mfg. Co. — 60
Clinic Shoe for Young Women in White — 74
Conti Shampoo — 67
Desitin Chemical Co. — 13
Dexter & Staff, Fred — 86
Dix & Sons Corp., Henry A. — 87
Eastco, Inc. — 12
Evans Uniform Co., Bob — 16
Fleet Company, C. B. — 85
Geigy Company, Inc. — 18, 66
General Foods Corp. — 4
Gerber Products Co. — 11
Grove Laboratories, Inc. — 94
Johnson & Johnson — 5, 93
Kimble Glass Co. — 25
Knox Gelatine Company, Inc., Charles B. — 21
Lederle Laboratories — 23
Leeming & Co., Inc., Thos. — 77
McKesson & Robins, Inc. — 19, 91
Made-to-Measure Uniforms — 90
Medical Bureau, The — 90
Meds—The Modess Tampon — 15
Mennen Co., The — 78
Minute Maid Corporation — 64
Musterole Company, The — 14
National Business Publications — 69
New York Hospital, The — 88
Pacquin, Inc. — IFC
Pharmaco, Inc. — 76
Preen Uniform Co., Inc. — 94
Presco Co., The — 68
Q-Tips, Inc. — 10
Sanka — 4
Seeck & Kade, Inc. — 8
Shield Laboratories — 24
Tampax, Inc. — 72
U. S. Army — 9
Vick Chemical Co. — 63
Whitehall Pharmacal Co. — 6
White Swan Uniform Co. — 59
Winthrop-Stearns, Inc. — 22
Zonite Products Corporation — 62

variations on a theme...



For variations in 'B' therapy, "Beminal" offers a quintet of distinctive combinations to simplify selection of appropriate treatment for each patient.

"Beminal"®

for 'B' therapy

Ayerst, McKenna & Harrison Limited

1. "***Beminal***" Forte with Vitamin C (Capsules No. 817) is recommended whenever oral administration of massive doses of B factors and vitamin C is desirable. Each capsule contains:

Thiamine HCl (B_1)	25.0 mg.
Riboflavin (B_2)	12.5 mg.
Nicotinamide	100.0 mg.
Pyridoxine HCl (B_6)	1.0 mg.
Calc. pantothenate	10.0 mg.
Vitamin C (ascorbic acid)	100.0 mg.

Dosage: One to three capsules daily or as directed by the physician.

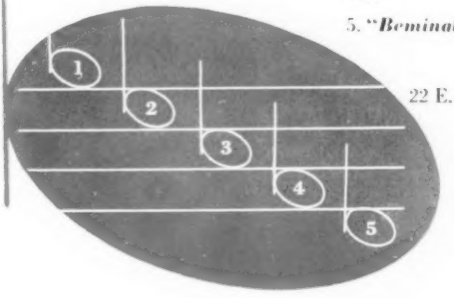
The other members of the "Beminal" family are:

2. "***Beminal***" fortified with Iron and Liver. Capsules No. 816.

3. "***Beminal***" fortified with Iron, Liver, and Folic Acid, Capsules No. 821.

4. "***Beminal***" Forte Injectable (Dried) No. 495.

5. "***Beminal***" Tablets No. 815.



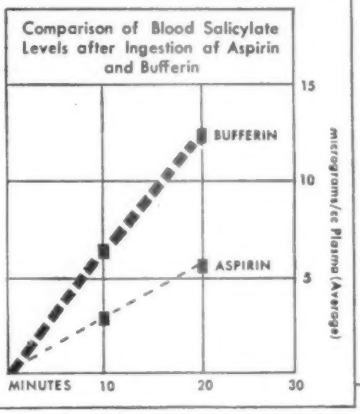
22 E. 40th St., New York 16, N. Y.

5007

Faster Pain Relief with BUFFERIN®

1 ACTS TWICE AS FAST AS ASPIRIN

The antacids in Bufferin speed its pain-relieving ingredients through the stomach and into the blood stream. Actual chemical determinations show that within ten minutes after Bufferin is ingested blood salicylate levels are higher than those attained by aspirin in twice this time.[1]



2 DOES NOT UPSET THE STOMACH

Bufferin's antacid ingredients protect the stomach against aspirin irritation. This has been clinically demonstrated on hundreds of patients.

in usual doses

In a series of 238 cases, 22 had a history of gastric distress due to aspirin but only one reported any distress after taking 2 Bufferin tablets (equivalent to 10 grains of aspirin).[1]

in large doses

In a recent study group, 1006 patients received, over a 24 hour period, 12 Bufferin tablets (equivalent to 60 grains of aspirin). Although 72 had a history of being sensitive to aspirin, only 18 reported any gastric side-effect with Bufferin.[2]

1. Effect of Buffering Agents on Absorption of Acetylsalicylic Acid. J. Am. Pharm. Assoc., Sc. Ed. 39:21, Jan. 1950

2. Gastric Tolerance for Aspirin and Buffered Aspirin. Ind. Med. 20:480, Oct. 1951



AVAILABLE in vials of 12 and 36 tablets and in bottles of 100. Tablets scored for divided dosages.

INDICATIONS: Simple headaches, neuralgias, dysmenorrhea, muscular aches and pains, discomfort of colds and minor injuries. Particularly useful when gastric hyperacidity is a complication. Useful for relieving pain in the treatment of arthritis. Helpful for toothaches and pain following tooth extraction.

EACH BUFFERIN TABLET contains 5 grains of acetylsalicylic acid, together with optimum amounts of the antacids aluminum glycinate and magnesium carbonate.

Bristol-Myers Co., 19 West 50 St., New York 20, N. Y.